

Case Number:	CM14-0169180		
Date Assigned:	10/17/2014	Date of Injury:	08/03/2006
Decision Date:	12/11/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 64-year-old female with a 8/3/06 date of injury. At the time (9/29/14) of the Decision for Physical therapy 2 times a week for 6 weeks for the lumbar, left knee, and right wrist, there is documentation of subjective (severe pain and weakness of the lumbar spine, left knee, and right wrist) and objective (positive straight leg raising test, decreased sensation in right L4 dermatomal distribution, decreased range of motion, positive patellofemoral compression test, tenderness over the patellofemoral joint, and right wrist flexor and extensor tendon) findings, current diagnoses (right wrist sprain and strain, left knee sprain strain, and lumbar spine sprain and strain with lower extremity radiculopathy), and treatment to date (medications, epidural steroid injections, and previous physical therapy treatments). Medical reports identify that the request for Physical therapy 2 times a week for 6 weeks for the lumbar, left knee, and right wrist is to increase activities of daily living, reduce work restrictions, reduce pain level, and reduce medications. The number of previous physical therapy sessions cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 2 times a week for 6 weeks for the lumbar, left knee, and right wrist:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy, Knee and Leg, Physical Medicine Treatment, Forearm, Wrist, and Hand, Physical/Occupational Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Low Back AND Forearm, Wrist & Hand, Physical therapy (PT)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of Sprains and strains of wrist and hand not to exceed 9 visits over 8 weeks, a diagnosis of Sprains and strains of knee and leg not to exceed 12 visits over 8 weeks, and a diagnosis of Lumbar sprains and strains not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of right wrist sprain and strain, left knee sprain strain, and lumbar spine sprain and strain with lower extremity radiculopathy. In addition, there is documentation of previous physical therapy treatments. Furthermore, given documentation of subjective (severe pain and weakness of the lumbar spine, left knee, and right wrist) and objective (positive straight leg raising test, decreased sensation in right L4 dermatomal distribution, decreased range of motion, positive patellofemoral compression test, tenderness over the patellofemoral joint, and right wrist flexor and extensor tendon) findings, there is documentation of functional deficits and functional goals. However, there is no documentation of the number of previous treatments to determine if guidelines has already been exceeded or will be exceeded with the additional request and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, despite documentation that the request for Physical therapy 2 times a week for 6 weeks for the lumbar, left knee, and right wrist is to increase activities of daily living, reduce work restrictions, reduce pain level, and reduce medications, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for Physical therapy 2 times a week for 6 weeks for the lumbar, left knee, and right wrist is not medically necessary.