

Case Number:	CM14-0169465		
Date Assigned:	10/17/2014	Date of Injury:	11/24/2009
Decision Date:	11/21/2014	UR Denial Date:	09/12/2014
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 Physical Medicine & Rehabilitation, 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:

This is a patient of the date of injury of November 24, 2009. A utilization review determination dated September 12, 2014 recommends denial for physical therapy of the lumbar spine and right knee. Denial was recommended due to lack of documentation of a functional response from prior PT or any residual deficits requiring further physical therapy. A progress report dated October 13, 2014 identifies subjective complaints of knee pain. The knee feels like it is giving out on flat and uneven surfaces. The knee pain is rated as 3-4/10 with medication and 7-8/10 without medication. The patient currently takes tramadol, ibuprofen, and omeprazole. There is some sedation but no other side effects noted. Medications have provided functional improvement allowing him to walk 1.5 miles, prepare his own meals, vacuum, rise from that, use the toilet, and walk up and down stairs. Physical examination findings reveal paraspinal spasm beginning at T10 with tenderness to palpation around the lumbar spine. The patient also has tenderness to palpation around the right knee with crepitus, 5/5 strength, and normal sensation. The diagnoses include chondromalacia of the patella, lumbago, thoracic or lumbosacral neuritis, and long-term use of medication. The treatment plan recommends continuing the patient's current medications, urine toxicology, and obtains a copy of imaging of the right knee and lumbar spine. The note indicates that physical therapy was denied on September 14, 2014. A progress report dated August 26, 2014 recommends physical therapy for the right knee. A progress report dated January 14, 2013 recommends that the patient should continue with physical therapy as he is "getting significant relief from this treatment." The note indicates that the patient reports "no change." And progress report dated July 24, 2012 recommends continuing physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWkx3Wks Lumbar and Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 337-338, 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): 98 OF 127. Decision based on Non-MTUS Citation (ODG), Knee & Leg Chapter, Physical Therapy, Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many previous therapy sessions were provided making it impossible to determine if the request exceeds the amount of PT recommended by the CA MTUS. In light of the above issues, the currently requested additional physical therapy is not medically necessary.