

Case Number:	CM14-0178115		
Date Assigned:	10/31/2014	Date of Injury:	02/23/2007
Decision Date:	12/08/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/27/2014

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 Family Practice 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:

60 year old male claimant sustained a work injury on 2/23/07 involving the knee, neck and back. He was diagnosed with thoracic spine pain syndrome, lumbar strain and right knee meniscal tear. He underwent surgery for the right knee in 2012. A progress note on 10/8/14 indicated the claimant had 3/10 right knee pain. Exam findings were notable for tenderness to palpation over both knees. The physician requested continuation of 12 additional sessions of physical therapy. He had completed 12 sessions of therapy since August 2014 and more prior to this.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits

over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. The claimant had undergone over 12 visits of therapy already. The surgery was remote to the request. There was no indication that the therapy could not be performed in a home exercise program. The request for 12 additional sessions of physical therapy is not medical necessary.