

Case Number:	CM14-0183769		
Date Assigned:	11/10/2014	Date of Injury:	02/02/2012
Decision Date:	12/12/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/04/2014

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 Orthopedic Surgery 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 33-year-old male with a 2/2/12 date of injury, and status post lumbar spine microdiscectomy and status post left knee surgery. At the time (10/16/14) of request for authorization for physical therapy two times a week for six weeks for the lumbar spine and bilateral knees, there is documentation of subjective (low back pain radiating to both lower extremities, both knee pain) and objective (lumbar spine tenderness to palpation bilateral paraspinals, sacroiliac joints, sciatic notch, posterior iliac crests, gluteal muscles, spasms, decreased range of motion, positive straight leg raise; knee tenderness to palpation, decreased range of motion, positive patellofemoral grindings, bilateral McMurray, atrophy left thigh, decreased motor strength 4+/5, decreased sensation left anterolateral thigh, anterior knee, and medial leg and foot) findings, current diagnoses (lumbosacral musculoligamentous strain/sprain, status post lumbar spine surgery with residuals, bilateral knee strain/strain, status post left knee surgery with residuals), and treatment to date (medications and activity modification).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks for the lumbar spine and bilateral knees:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines

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) Low Back, Knee, Physical Therapy

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 lumbar sprain and strain not to exceed 10 visits over 8 weeks and knee sprain and strain not to exceed 12 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 lumbosacral musculoligamentous strain/sprain, status post lumbar spine surgery with residuals, bilateral knee strain/strain, status post left knee surgery with residuals. However, given the documentation of an 2/2/12 DOI, where there would have been an opportunity to have had previous physical therapy, it is not clear if this is a request for initial or additional (where physical therapy provided to date may have already exceeded guidelines regarding frequency) physical therapy. In addition, given that the request is for physical therapy two times a week for six weeks for the lumbar spine and bilateral knees, the proposed number of visits exceeds guidelines for an a six-visit clinical trial. Therefore, based on guidelines and a review of the evidence, the request for physical therapy two times a week for six weeks for the lumbar spine and bilateral knees is not medically necessary.