

Case Number:	CM14-0024627		
Date Assigned:	06/11/2014	Date of Injury:	08/24/2000
Decision Date:	08/06/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/26/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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:

The patient is a 58 year old male with a work injury dated August 24, 2000. The diagnosis include unspecified internal derangement of the knee status post right knee arthroscopy November 8, 2013 and non displaced intervertebral disc displacement without myelopathy. Under consideration is a request for physical therapy for the low back 2 x 4. There is a January 28, 2014 orthopedic follow up that states that the patient has decreased knee symptoms since the surgery and increased lumbar spine symptoms due to altered gait. On exam there are healed right knee portals with full range of motion and no effusion. The lumbosacral area is tender with spasm. The treatment plan includes to complete 3 more sessions of knee PT for quadriceps strengthening. There is a request for a short course of PT to the lumbar spine to restore baseline status. There is a February 13, 2014 appeal letter from the patient's physician that states that after further review the patient received about 60%-70% relief as a result of the eight (8) sessions of physical therapy to his lumbar spine (April 9 to May 23, 2013). The patient was able to reduce the use of medications and his. AOL function was improved. The denial also mentions. the lack of subjective and objective findings to the lumbar spine, but this was offered on January 24, 2014 PR2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that up to ten visits are recommended for patient's lumbar condition. The documentation indicates that the patient has had eight (8) sessions of physical therapy to his lumbar spine (April 9 to May 23, 2013). The actual physical therapy documents from these visits are not provided for review in the documentation submitted. Although the treating physician states that the patient received about 60%-70% relief as a result of the eight sessions of physical therapy and was able to decrease his medications the objective documentation from this time was not submitted for review. Additionally, the most recent Jan. 2014 document physical exam reveals only that the lumbosacral area is tender with spasm. There are no findings of deficits that would require a formal physical therapy program. The patient should be independent in a home exercise program for his low back from his 8 prior lumbar spine physical therapy sessions. The request for physical therapy for the low back, twice weekly for four weeks, is not medically necessary.