

Case Number:	CM14-0025963		
Date Assigned:	06/13/2014	Date of Injury:	05/15/1999
Decision Date:	07/16/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/28/2014

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 Medicine and is licensed to practice in Minnesota. 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 injured worker is a 70 year old male who reported injury to the right knee and lumbar on 05/15/1999 secondary to lifting weights. He complained of aching pain to the right knee in progress report dated 12/14/2012, weakness in both lower extremities in progress note dated 01/25/2013, back pain that is unchanged, describing the pain as mild to moderate in follow up note dated 01/30/2013, and in the most recent note dated 03/06/2014 the physician states problems with his knee. All notes prior to 03/06/2014 were prior to his laminectomy. Physical examination of the right knee states that there is tenderness along the medial lateral crepitus, full range of motion, and slight genu valgum. Examination of the back per note dated 01/31/2013 showed everything to be normal except lumbar extension of -10/30, positive lumbar parasinuous, sciatic, and posterior iliac crest tenderness and positive right and left straight leg test with pain. A previous MRI of lumbar spine showed severe spinal stenosis, the dural sac was compressed into 1/5 the normal size at L3-4, L4-5, and L5-S, and spondylolisthesis at L4-5 that did not move in the bending film. An x-ray of the right knee revealed medial compartmental osteoarthritis. His diagnoses were right knee compartmental osteoarthritis, lumbar stenosis, neurogenic claudication, and lumbar spondylolisthesis, status post laminectomy 03/28/2013, and status post right knee arthroscopy. The injured worker had past treatment of post-operative physical therapy for his back in which the therapy note dated 09/17/2013 said the injured worker stated improvements with increase strength, less difficult exercises, his pain at worst 7/10 and at best 0/10 also that he was 80% better since surgery. Restriction was noted to the muscles of the bilateral lower extremities at the time of therapy after his lumbar surgery, however there is no recent documentation illustrating the injured workers current status of his back and right knee. There is no mention of how many therapy session the patient actually completed only notes for 5-6 visits in 2013 and per note on 03/06/2014 a short course in 2010. There was no list of

medications submitted. The treatment plan is for physical therapy (3) three times a week for (4) four weeks. There is no rationale for the request for physical therapy (3) three times a week for (4) four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (3) TIMES A WEEK FOR FOUR (4) WEEKS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES., PHYSICAL MEDICINE.

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

Decision rationale: The request for physical therapy (3) three times a week for (4) four weeks is not medically necessary. The injured worker complained of aching pain to the right knee in progress report dated 12/14/2012, weakness in both lower extremities in progress note dated 01/25/2013, back pain that is unchanged, describing the pain as mild to moderate in follow up note dated 01/30/2013, and in the most recent note dated 03/06/2014 the physician states problems with his knee. The injured worker had past treatment of post-operative physical therapy for his back in which the therapy note dated 09/17/2013 said the injured worker stated improvements with increase strength, less difficult exercises, his pain at worst 7/10 and at best 0/10 also that he was 80% better since surgery. Restriction was noted to the muscles of the bilateral lower extremities at the time of therapy after his lumbar surgery, however there is no more recent documentation illustrating the injured workers current deficits of his back and right knee. The note dated 03/06/2014 only states that he benefited from past therapy. It is unclear as to whether he is needing therapy for his back and knee or just his knee, since notes for both were submitted. There is no mention of how many therapy session the patient actually completed only notes for 5-6 visits in 2013 and per note on 03/06/2014 a short course in 2010. CA MTUS chronic pain medical treatment guidelines, physical medicine, states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The subject is instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises and guidelines for myalgia and myositis, unspecified suggests 9-10 visits over 8 weeks. There is no more recent documentation illustrating the injured workers current deficits of his back and right knee. The note dated 03/06/2014 only states that he benefited from past therapy. It is unclear as to whether he is needing therapy for his back and knee or just his knee, since notes for both were submitted. There is no mention of how many therapy session the patient actually completed only notes for 5-6 visits in 2013 and per note on 03/06/2014 a short course in 2010. Given the above the request for physical therapy (3) three times a week for (4) four weeks is not medically necessary.