MAXIMUS Federal Services

Case Number:	CM14-0028644		
Date Assigned:	06/16/2014	Date of Injury:	04/26/2006
Decision Date:	07/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	03/06/2014

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 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:

The injured worker is a 44-year-old male who reported an injury on 04/26/2006 due to an industrial accident. The injured worker had a physical examination on 02/05/2014 where he stated he did undergo a series of lumbar epidural injections, and the first 2 injections provided relief of the symptoms. However, he stated that the third injection did not help and he could not sleep for about 4 days. The injured worker stated he was experiencing increased pain in the low back, right knee, and right foot. An MRI study of the lumbar spine was not submitted for review. The injured worker had complaints of difficulties with activities of daily living. The injured worker complained of difficulties with sitting longer than 20 to 25 minutes, standing and walking longer than 10 minutes, going up and down stairs, going from a seated position, and lifting more than 20 to 25 pounds due to low back symptoms. The injured worker stated he cannot stoop, squat, or kneel due to low back pain, and right knee and foot symptoms. The injured worker's medications were Vicodin 5/500, 1 every 4 to 5 hours; omeprazole 20 mg, 2 tablets daily; and lorazepam 10 mg, 1 at bedtime. Examination of the lumbar spine showed right-sided paravertebral tenderness with spasms and guarding. There was tenderness to the right buttock. There was noted decreased range of motion of the lumbar spine. Straight leg raising was negative bilaterally. Examination of the right knee revealed flexion past 110 degrees was painful. There was tenderness along the lateral facet of the right patella, and the patella was hypersubluxable, with retropatellar crepitus. There was a negative patellar apprehension sign. There was no swelling or effusion of the knee. There was a negative Lachman's test and a negative McMurray's sign. The injured worker had 3 Synvisc injections on 03/13/2012. On 09/26/2012, the injured worker had another series of 3 Synvisc injections. The injured worker has had past physical therapy. The reports were not submitted for review. The diagnoses were right knee medial compartment osteoarthritis, mild; patellofemoral pain syndrome; status post excision of

bipartite fragment, right patella; lumbar disc protrusions with right lumbar radiculopathy Future treatment plan for the injured worker was home exercises on a regular basis. The examiner did state there was no indication for any ongoing physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X 6 LUMBAR SPINE AND KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: California Medical Treatment Utilization Schedule states 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities, with assistive devices. There were no reports of the injured worker participating in a home-based exercise program. Medications for the injured worker that were tired and failed were not reported. The medical treatment guidelines for physical therapy suggest for neuralgia, neuritis, and radiculitis unspecified, 8 to 10 visits over 4 weeks; however, medical guidelines recommend only half that amount to start with, which would be 4 to 5 visits of physical therapy. This is for post-op PT only. The guidelines also state with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to that specific neurological exam electrodiagnostic. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the physical medicine period. Reports from previous physical therapy sessions were not submitted for review to show that the injured worker had functional improvement. Therefore, the request is not medically necessary.