

Case Number:	CM14-0030073		
Date Assigned:	06/20/2014	Date of Injury:	06/29/2012
Decision Date:	08/20/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/10/2014

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 & Rehab and Pain Medicine and is licensed to practice in Ohio and Texas. 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 43-year-old male who reported an injury on 06/29/2012. The mechanism of injury was not provided. On 01/15/2014, the injured worker presented with moderate left knee pain. Upon examination of the lumbar spine, there was increased tone and tenderness to the paralumbar musculature with tenderness to the midline thoracolumbar junction over the L5-S1 and L4-5 facets. There was decreased range of motion and muscle spasms. There was also a positive straight leg raise to the left, and an antalgic gait. Examination of the left knee revealed tenderness to palpation to the anterolateral, anterior medial, and posterior medial. There was some effusion. The diagnoses were lumbar spine strain/sprain with radicular symptoms, left knee sprain/strain, and status post AME. No prior therapies were noted. The provider recommended physical therapy 2 times a week for 4 weeks for the lumbar left knee, and an updated MRI study for the lumbar spine to better assess the root of the injured worker's complaints. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 Lumbar and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: The request for physical therapy 2 times a week for 4 weeks for the lumbar and left knee is non-certified. The California MTUS 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy for up to 4 weeks. There was a lack of documentation indicating the injured worker's prior course of physical therapy, as well as efficacy of the prior therapy. Additionally, the amount of physical therapy visits that have already been completed was not provided. Injured workers are instructed and expected to continue active therapy at home, and there are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, the request is non-certified.

Updated MRI Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an updated MRI of the lumbar spine is non-certified. The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurological exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documents have failed to show evidence of significant neurological deficits on physical examination. Additionally, documentation failed to show that the injured worker has failed a trial of an adequate course of conservative treatment. In the absence of documentation showing a failure of initially recommended conservative care, including active therapies and neurological deficits on physical exam, an MRI is not supported by the referenced guidelines. As such, the request is non-certified.