

Case Number:	CM14-0030456		
Date Assigned:	06/20/2014	Date of Injury:	02/08/2013
Decision Date:	07/30/2014	UR Denial Date:	03/04/2014
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 and 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 41-year-old female who reported an injury on 02/08/2013 from a slip and fall on a crosswalk. She sustained left patella fracture and underwent surgery on 02/10/2013 with subsequent hardware removal on 08/29/2013. Past treatment included therapy x 31 sessions, medications, brace, cane and a walker. The patient subsequently developed pain in the left hip and gradually pain in the left side of her low back. Medications included Cymbalta 80 mg, Xanax 1 mg as needed, and Maca root 1 per day. The injured worker reported constant pain of 5/10 to 6/10 in the left knee. Medications do not help. The pain is relieved with lying down and moist heat pack on the left groin. The injured worker also complained of low back and left groin pain. The low groin pain is 8/10 to 9/10 and it is worse than her knee. Examination of the lumbar spine showed tenderness along the left paravertebral region. There is no associated muscle spasm. Flexion and extension of the lumbar spine were reduced. The straight leg raise sign was negative bilaterally. There was decreased range of motion of the left hip. An x-ray of the lumbar spine showed apparently revealed marked L5-S1 narrowing with sclerosis at the endplates and the left hip was normal. The x-rays of the left knee showed lateral view of some calcified stippling through the mid aspect of the patella. The injured worker has a diagnosis of left knee patellar fracture, status post open reduction and internal fixation with subsequent hardware removal, left hip pain, and lumbar pain. The request for authorization for was dated 02/26/2014. The rationale was due to the injured worker making slow gains with left knee range of motion, improving gait mechanics, ambulation without single point cane, weak quads with atrophy and weak left gluteus medius.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to lumbar spine, left hip and left knee 2 times per week for 6 weeks:

Upheld

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

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

Decision rationale: The request for physical therapy to the lumbar spine, left hip and left knee 2 times per week for 6 weeks is non-certified. The injured worker had a history of pain to the lumbar spine, left hip and left knee. The injured worker has undergone at least 31 physical therapy sessions. The California Medical Treatment for Utilization Schedule (MTUS) guidelines recommend 9-10 sessions of physical therapy for myalgia. The guidelines suggest that physical therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The injured worker is noted to have attended 31 sessions of therapy to date; however, the efficacy of those sessions was not provided. The current request exceeds guideline recommendations. As such, the request for physical therapy to the lumbar spine, left hip, and left knee 2 times a week for 6 weeks is not medically necessary.