

Case Number:	CM14-0034045		
Date Assigned:	06/20/2014	Date of Injury:	05/30/2013
Decision Date:	07/22/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/18/2014

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 49-year-old female who reported an injury on 05/30/2013 due to a motor vehicle accident complained of severe pain across the middle and lower part of her spine, and left knee. The pain scale without medication 8/10 with medication 4/10. On physical exam dated 02/03/2014, there was tenderness to palpation to the right iliac crest tenderness to the knee joint range of motion full there is no edema or effusion the injured worker tolerates meniscal maneuvers fairly well. The medications included Norco and voltaren. The injured worker's diagnoses are low back pain and left knee pain. The treatment plan was eight outpatient therapy to the low back, eight additional sessions. Past treatment/diagnostic include physical therapy dated on 06/17/2013. MRI (magnetic resonance imaging) of the left knee dated on 09/19/2013 revealed, high grade patellar chondrosis with full thickness chondral fissuring and heterogeneity patellar ridge, and extending into the lateral patella facet with subchondral cyst. The authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) OUTPATIENT PHYSICAL THERAPY TO THE LOW BACK, EIGHT ADDITIONAL SESSIONS, SUBMITTED DISGNOSIS PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2: Summary of recommendations.

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

Decision rationale: The request for eight outpatient physical therapy to the low back eight additional sessions is non-certified. The injured worker had two weeks of physical therapy according to the provider notes on 02/03/14. The California MTUS recommends passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during 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. Active therapy is based on an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction. The patients are instructed to continue active therapies at home as an extension of the treatment process in order to maintain improvements levels. Physical medicine guidelines allow for fading of treatment frequency (from up to three visits per week to one or less), plus self-directed home physical medicine. Myalgia and myositis, unspecified 9-10 visits over eight weeks, neuralgia, neuritis, and radiculitis unspecified 8-10 visits over 4 weeks and reflex sympathetic dystrophy 24 visit over 16 weeks. In this case, there is no documentation from physical therapy as to the injured worker progress, functional deficits from previous sessions. There is no mention in the documentation on how many session of physical therapy the injured worker received previously. In addition, physical examination dated 02/03/2014 for musculoskeletal exam revealed full range of motion and tolerated meniscal movements fairly well. Therefore, no medical necessity has been established. As such, the request is not certified.