

Case Number:	CM14-0038522		
Date Assigned:	06/27/2014	Date of Injury:	05/05/2010
Decision Date:	07/31/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 patient is a 57-year-old male who was injured on 05/05/2010. The mechanism of injury is unknown. He has been treated conservatively in the past with 22 sessions of physical therapy for the lower back and 24 sessions for the right knee as well. He also received acupuncture treatment, which provided 50% pain relief. His past medication history included Naprosyn, Norco, Lyrica, and Prilosec. He underwent a cervical spine epidural steroid injection at C5-C6 bilaterally on 11/05/2013. Diagnostic studies were reviewed. Progress report dated 01/07/2014 indicates the patient complained of neck pain rated as 6/10 radiating to the bilateral upper extremities down to the bilateral elbows and hands. He also reported low back pain rated as 3-4/10 with radiation to the bilateral lower extremities. He rated his knee pain as 7/10 with weakness. Objective findings on exam revealed range of motion of bilateral knees is decreased to 95%. McMurray's test is positive bilaterally. There is tenderness to palpation over the medial and lateral joint lines as well. He was diagnosed with bilateral lower extremity varicose veins, bilateral Achilles tendonitis, bilateral heel spurs; bilateral shoulder sprain/strain rule out internal derangement; bilateral shoulder tendonitis, herniated nucleus pulposus at C5-C6 level with bilateral upper extremity radicular pain and paresthesias, and left knee musculoligamentous sprain/strain rule out internal derangement. On note dated 02/04/2014, his symptoms are unchanged as well as his objective findings. His treatment plan consisted of an MRI of the bilateral knees, physical therapy for the lumbar spine and bilateral knees twice a week for 4 weeks; aquatic therapy for the lumbar spine and bilateral knees. Prior utilization review dated 02/28/2014 states the requests for Physical Therapy 2 times a week for 4 weeks for Lumbar and Physical Therapy 2 times a week for 4 weeks for Bilateral Knees are not supported as the patient received 22 sessions of physical therapy to the lower back and 24 sessions to the bilateral knees but there is no documented outcome demonstrating functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks for Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 98-99 and on the Non-MTUS Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic, Physical therapy (PT).

Decision rationale: The California MTUS guidelines, physical medicine 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 Official Disability Guidelines Physical Therapy Guidelines recommend for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also, see other general guidelines that apply to all conditions under Physical Therapy in the Official Disability Guidelines Preface, including assessment after a six-visit clinical trial. Lumbago; Backache, unspecified (ICD9 724.2; 724.5): 9 visits over 8 weeks Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Medical treatment: 10 visits over 8 weeks Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. The guidelines state there is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. In this patient's case, the medical records document that this patient has received at least 22 PT/aquatic therapy treatments for his low back. However, the medical records do not document functional improvement from rendered care. In addition, according to the guidelines, the patient has already attended more than the necessary number of PT sessions for his diagnoses. It is also noted that the most recent medical reports do not document any functional deficits of the lumbar spine. The medical records indicate the patient has undergone extensive PT to date, which would have included instruction in an independent home exercise program. The patient has not presented with any evidence of a significant exacerbation or flare-up. Now, the patient should utilize an active self-directed home exercise program, which would be equally efficacious. The medical records provided have not established the medical necessity of PT. Therefore, the request is not medically necessary.

Physical Therapy 2 times a week for 4 weeks for Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Physical medicine treatment.

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

Decision rationale: The California MTUS guidelines, physical medicine 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. Official Disability Guidelines Physical Medicine Guidelines recommend -Allow for fading of treatment frequency

(from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the Official Disability Guidelines Preface. Articular cartilage disorder - chondral defects (ICD9 718.0) Medical treatment: 9 visits over 8 weeks Post-surgical (Chondroplasty, Microfracture, OATS): 12 visits over 12 weeks Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Medical treatment: 9 visits over 8 weeks Post-surgical (Meniscectomy): 12 visits over 12 weeks. The guidelines indicate there is positive limited evidence for physical medicine treatment of knee complaints. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. Acute muscle strains often benefit from daily treatment over a short period, whereas chronic injuries are usually addressed less frequently over an extended period. It is important for the physical therapy provider to document the patient's progress so that the physician can modify the care plan, if needed. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (e.g., joint range-of-motion and weight-bearing limitations, and concurrent illnesses). Controversy exists about the effectiveness of physical therapy after arthroscopic partial meniscectomy. In the case of this patient, he has received 24 PT/aquatic therapy sessions for the knees. According to the guidelines, he has already received above the number of sessions recommended for his diagnoses. It is also important to note the most recent medical reports do not document any significant functional deficits of the knees, and the examination findings were unchanged. The patient has near full range of motion, the examination findings on 1/7/2014 while still attending PT, and on 2/4/2014 are the same. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It is not established the patient has presented with a significant exacerbation. Now, the patient should utilize an active self-directed home exercise program, which would be equally efficacious. The medical records provided have not established the medical necessity of additional PT. Therefore, the request is not medically necessary.