

Case Number:	CM14-0044721		
Date Assigned:	06/20/2014	Date of Injury:	09/26/2006
Decision Date:	08/11/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/19/2014

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 patient is a 54 year old with an injury date on 9/26/06. Patient complains of lower backache radiating to the groin, left lower extremity pain, and left knee pain per 2/18/14 report. Patient's pain level has remained unchanged, is not attempting any other therapies for pain relief, and has no new injuries since last visits per 2/18/14 report. Based on the 2/18/14 progress report provided by [REDACTED], the diagnosis is left knee pain. Exam on 2/18/14 showed left sided antalgic gait assisted by cane. Lumbar spine range of motion is limited on flexion to 75 degrees by pain, extension limited to 22 degrees by pain/stiffness. Tenderness to palpation of paravertebrals on left side, and tight muscle band noted on left side. Straight leg raise positive on left in seated position. There is tenderness over sacroiliac spine. Hip: tenderness over SI joint, trochanter. Internal rotation of femur resulted in deep buttocks pain. Left knee: range of motion restricted with difficulty in extension. Tenderness to palpation over lateral joint line, medial joint line, patella, and TTP posteriorly. Patellar grind test is positive. [REDACTED] is requesting physical therapy for the lumbar spine and left lower extremity 12 visits (2 x 1wk x 6wks). The utilization review determination being challenged is dated 2/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/1/13 to 2/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine and left lower extremity 12 visits (2 times per week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Knee and Leg-Durable medical equipment (DME).

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

Decision rationale: This patient presents with lower back pain, left leg pain, and left knee pain and is s/p two left knee surgeries (2007-2009). The treater has asked for physical therapy for the lumbar spine and left lower extremity 12 visits (2 x 1wk x 6wks) on 2/18/14. Patient has completed 6/12 physical therapy sessions per 1/21/14 report. The 12/23/13 physical therapy report states treatment is for L-spine and left knee. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, patient had 6 of 12 sessions authorized and additional 12 sessions would exceed what is allowed by MTUS for this kind of condition. In addition, the treater does not explain why the patient requires additional sessions and why the patient is not able to transition into a home program. Recommendation is for denial.