

Case Number:	CM14-0046339		
Date Assigned:	07/02/2014	Date of Injury:	02/03/2012
Decision Date:	08/13/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/14/2014

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 Illinois. 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 female who reported an injury on 02/03/2012 due to restraining a minor at work and then falling. The injured worker experienced pain in the lower back, right knee, and right elbow. X-rays were taken and the injured worker was prescribed naproxen, Tylenol, and Flexeril. The injured worker was prescribed 1 course of physical therapy which she found aggravated her symptoms. Physical examination dated 03/05/2014 revealed the injured worker was referred to an orthopedic surgical consultation. The consultation directed her towards 24 sessions of physical therapy of the right knee and lower back. Medications for the injured worker were a sleeping aid and Vicodin as needed. The injured worker reported no past surgeries. Examination of the thoracic spine revealed thoracolumbar spine was nontender to palpation. There was no muscle spasm present. Range of motion for the thoracic spine, flexion was to 60%, extension was to 70%, right lateral bending was to 95%, and left lateral bending was to 90%. Diagnoses for the injured worker are chondromalacia patella, right knee, lumbosacral sprain/strain, and radiculopathy L2. The injured worker was encouraged to continue self physical therapy at home. The injured worker had an MRI in 12/2012 which revealed a 2 level disc protrusion. Other physical modalities were not submitted for review. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) to three (3) times a week for six (6) to eight (8) weeks: Upheld

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

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

Decision rationale: The request for Physical therapy two (2) to three (3) times a week for six (6) to eight (8) weeks is non-certified. There were no documents submitted from physical therapy reporting measurable gains for the injured worker. The California Medical Treatment Utilization Schedule states for physical medicine, there are 2 types, passive and active. 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For unspecified myalgia and myositis, therapy is recommended 9 to 10 visits over an 8 week period. For unspecified neuralgia, neuritis, and radiculitis recommendations are for 8 to 10 visits over a 4 week period. The documentation indicated the injured worker was provided a prior course of therapy which she indicated aggravated her symptoms. Therefore, given benefit was not experienced from prior therapy, additional sessions are not supported. The request for physical therapy 2 to 3 times a week for 6 to 8 weeks exceeds the recommended guidelines. Therefore, the request is not medically necessary.