

Case Number:	CM14-0059070		
Date Assigned:	07/09/2014	Date of Injury:	08/30/2012
Decision Date:	10/16/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/29/2014

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 Nevada. 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 records presented for review indicates that this 53-year-old female was reportedly injured on 8/30/2012. The mechanism of injury is noted as slip and fall. The injured worker underwent arthroscopic left knee surgery on 1/20/2014. The most recent progress note, dated 6/19/2014, indicates that there were ongoing complaints of left knee and low back pain. MRI of the lumbar spine, dated 9/19/2012, was remarkable for facet joint arthrosis from L4 through S1, and a 1 mm broad-based disk protrusion at L5/S1. Previous treatment includes acupuncture, physical therapy (22 sessions), and medications. A request had been made for outpatient continued physical therapy 3 times a week for 2 weeks for the lumbar spine, which was not certified in the utilization review on 3/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient continued physical therapy (PT) three (3) times per week for two (2) weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127..

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. Review of the available medical records, documents chronic knee and back pain after a slip and fall injury in August 2012. The claimant underwent 22 sessions of physical therapy, which exceeds the guidelines maximum allowable visits. In the absence of clinical documentation to support additional visits, this request is not considered medically necessary.