

Case Number:	CM14-0072505		
Date Assigned:	07/16/2014	Date of Injury:	10/15/2011
Decision Date:	08/14/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/20/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 41-year-old male with a date of injury of 12/15/2011. This is a request for physical therapy 2 times a week for 6 weeks for the lumbar spine and the right knee requested by [REDACTED]. The medical file provided for review does not include any progress reports by the requesting physician, [REDACTED]. There are multiple QME reports. The most recent QME report from 03/08/2014 by [REDACTED] states the patient has diagnoses of cervical myositis, low back pain rule out L3-L4 left disk with radiculitis, and right knee pain status post arthroscopy on 03/03/2013. Examination of the cervical spine revealed mild decrease in range of motion with 1+, 4+ C5-C6 tenderness with slight left paracervical muscle tenderness. Examination of the lumbar spine revealed sensation is preserved to light touch and pinprick all lower extremity dermatomal distribution L2 through S1, including the thigh, leg, and foot. Examination of the knee revealed extension 0 degrees on right and 0 degrees on left and flexion is 130 degrees on the right and 130 degrees on the left. Ankle range of motion with the knee extended reveals dorsiflexion to 10 degrees and plantar flexion to 45 degrees bilaterally. Examination of the knee revealed meniscal testing showed there is 1+ or 4+ medial joint line tenderness on the right. There is pain anteromedially noted on the right at the joint line and medial facet patella. The patient is permanent and stationary in terms of the cervical spine, but is not permanent and stationary for the lumbar spine and right knee. Utilization review denied the requests on 5/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Two (2) times a week for six (6) weeks lumbar:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine.

Decision rationale: The request is for physical therapy 2 times a week for 6 weeks for the lumbar spine. For physical medicine, the MTUS Guidelines recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. The QME reports provided for review does not include the exact number of physical therapy sessions the patient has received to date. Utilization review from 05/01/2014 indicates the patient has completed 44 PT sessions for this claim. In this case, the treater's request for 12 additional physical therapy sessions exceeds what is recommended by guidelines. Furthermore, the treating physician does not provide any discussions as to why he is requesting additional 12 sessions and why the patient is not able to perform self-directed home exercises. Therefore, the request is not medically necessary.

Physical Therapy Two (2) times a week for six (6) weeks to right knee: Upheld

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

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine.

Decision rationale: The request is for physical therapy 2 times a week for 6 weeks for the Right knee spine. For physical medicine, the MTUS Guidelines recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. The QME reports provided for review does not include the exact number of physical therapy sessions the patient has received to date. Utilization review from 05/01/2014 indicates the patient has completed 44 PT sessions for this claim. In this case, the treater's request for 12 additional physical therapy sessions exceeds what is recommended by guidelines. Furthermore, the treating physician does not provide any discussions as to why he is requesting additional 12 sessions and why the patient is not able to perform self-directed home exercises. Therefore, the request is not medically necessary.