

Case Number:	CM14-0073628		
Date Assigned:	07/16/2014	Date of Injury:	02/03/2011
Decision Date:	08/26/2014	UR Denial Date:	05/14/2014
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 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 46 year old female who reported an injury on 02/03/2011 caused by an unspecified mechanism. The injured worker's treatment history included medications, physical therapy, urine drug screen, hyalgen injections and MR arthrogram. The injured worker was evaluated on 05/07/2014, and it was documented the injured worker complained of moderate lumbar spine pain that had gotten worse and left knee pain, along with sleep issues. Objective findings included worsening of lumbar spine with moderate spasm in range of motion, along with mild tenderness to palpation. Additional findings included moderate left knee that was tender to palpation with spasm and decreased range of motion. Diagnoses included sprain/strain of unspecified site of the knee/leg, enthesopathy of the knee. The Request for Authorization and rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy sessions to the Lumbar Spine: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted lacked outcome measurements of prior physical therapy sessions and home exercise regimen. In addition, the requested amount of visits exceeds the MTUS Chronic Pain Guidelines' recommended number of visits. Given the above, the request is not medically necessary and appropriate.

Rehabilitation Kit for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise & Physical Medicine Page(s): 46, 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The MTUS Guidelines state there is strong evidence that exercise programs, including aerobic conditioning and strengthening are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The documents submitted failed to indicate injured worker outcome measurements of physical therapy and a home exercise program. Given the above, the request is not medically necessary and appropriate.