

Case Number:	CM14-0075226		
Date Assigned:	07/16/2014	Date of Injury:	09/26/2013
Decision Date:	09/26/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/23/2014

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 Family Medicine and is licensed to practice in Texas and Mississippi. 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 47-year-old male with a reported date of injury on 09/26/2013. The mechanism of injury was noted to be from when the injured worker fell off the dock and injured his back, both knees, and both ankles. His diagnoses were noted to include multiple level lumbar disc protrusions, partial thickness tear of the anterior cruciate ligament to the left knee, partial thickness tear of the gastrocnemius tendon with an adjacent ganglion cyst to the left knee, partial thickness tear of the anterior cruciate ligament to the right knee, mucoid degeneration of the bodies of the medial and lateral menisci to the bilateral knees, quadriceps tendinosis to the bilateral knees, calcaneal spurring to the bilateral feet, and distal Achilles partial thickness tear and tendinosis to the left ankle. His previous treatments were noted to be physical therapy, medications, and acupuncture. The progress note dated 05/28/2014 revealed complaints of pain in the low back, which was present 70% of the time. The pain increased with standing and walking longer than 45 minutes, bending, kneeling, stooping, forward bending, ascending and descending stairs and curbs. There was no radiation of pain or numbness or tingling. The injured worker complained of pain to the right hip which occurred with walking and limping. The injured worker complained of pain to the bilateral knees, which was greater on the right side. The injured worker complained of pain to the right ankle, foot, and Achilles, which came and went. The injured worker complained of pain to the left foot and Achilles. The injured worker indicated he was not taking medication for pain because he did not like to take the medication. The physical examination of the lumbar spine revealed a decreased range of motion with left lateral bending was to 31 degrees, right lateral bending was to 29 degrees, flexion was to 45 degrees, and extension was to 26 degrees. There was a positive straight leg raising on the right. The motor strength was graded 5/5 bilaterally. The physical examination of the knee was noted to have negative tenderness to palpation and negative orthopedic test. The range of motion to the

right knee was decreased flexion at 130 degrees. Physical examination of the lower extremities/ankle, feet, and toes revealed negative orthopedic test. There was negative tenderness to palpation except for Achilles heel pain to the right. The range of motion to the left ankle was decreased with flexion was to 42 degrees, extension was to 24 degrees, inversion was to 19 degrees, and eversion was to 33 degrees. There was no pain with the range of motion to either foot. The Request for Authorization form was not submitted within the medical records. The request was for physical therapy 2xWK x 4WKs Lumbar Spine, Left Ankle, Right Knee. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times week for 4 weeks Lumbar Spine, left ankle, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 03/31/14); ODG Ankle and Foot (updated 03/26/14); ODG Knee and Leg (updated 03/31/14).

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. There is a lack of documentation regarding quantifiable, objective functional improvements with previous physical therapy sessions as well as the number of sessions completed. The documentation provided also did not include what body region the physical therapy was performed on. Therefore, despite the current measurable objective functional deficits, without quantifiable objective functional improvements and number of physical therapy sessions completed, additional physical therapy is not appropriate at that time. Therefore, the request is not medically necessary.