

Case Number:	CM14-0077904		
Date Assigned:	07/18/2014	Date of Injury:	08/26/2013
Decision Date:	11/03/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/27/2014

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 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:

Progress report dated 05/14/2014 states the patient complained of lumbar spine pain rated as a 3/10 which is intermittent and radiates down to bilaterally legs. He also had pain in his left knee which was improved. He reported taking Flexeril, Anaprox and Ultram as needed and with these medications, his pain level decreases from a 9/10 to a 2-5/10. On exam, lumbar spine had limited range of motion with tenderness and hypertonicity noted over the paraspinal muscles bilaterally. Kemp's test was positive bilaterally. Straight leg raise was positive bilaterally at 60 degrees to posterior thighs. The left knee revealed limited range of motion with flexion at 30 degrees and normal range of motion with extension at 0 degrees. The patient is diagnosed with left knee meniscus tear and two-level lumbar disc herniation with bilateral lower extremity radiculopathy. She was recommended for physical therapy to the lumbar spine and left knee. In the past, the IW was recommended PT which he refused according to Ortho note dated 11/15/13. Prior utilization review dated 05/08/2014 states the requests for Physical Therapy for the lumbar spine 2 times a week for 6 weeks; and for Physical Therapy for the left knee 2 times a week for 6 weeks are not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the lumbar spine 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Comp-Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Physical therapy

Decision rationale: As per CA MTUS guidelines, physical medicine 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. The guidelines recommend 9 visits over 8 weeks intervertebral disc disorders without myelopathy, 10 visits over 8 weeks for Lumbar sprains and strains, or Lumbago / Backache. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. The records indicate that the IW was not compliant with PT in the past. Furthermore, there is no mention of the patient utilizing an HEP. There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request of Physical Therapy for the lumbar spine 2 times a week for 6 weeks is not medically necessary and appropriate.

Physical Therapy for the left knee 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Comp-Knee and Leg Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg, Physical medicine treatment

Decision rationale: As per CA MTUS guidelines, physical medicine 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. As per ODG guidelines, Physical Therapy (PT) is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis / pain / derangement of meniscus and post-surgical PT; 12 visits over 12 weeks. In this case, there is no record of previous PT progress notes with documentation of objective measurements. Furthermore, the records lack detailed pain and functional assessment, demonstrating the effectiveness of physical therapy in order to support indication for more PT visits in this injured worker. The records indicate that the IW was not compliant with PT in the past. Furthermore, additional PT will exceed the number of recommended visits. Therefore, the requested Physical Therapy for the lumbar spine 2 times a week for 6 weeks is not medically necessary and appropriate.

