

Case Number:	CM14-0082300		
Date Assigned:	07/21/2014	Date of Injury:	10/16/2008
Decision Date:	09/25/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/03/2014

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 Occupational Medicine 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:

There were 224 pages provided for review. The application for independent medical review was signed on June 3, 2014. The services, goods or items that were denied or modified were physical therapy three times a week for four weeks to the lumbar and bilateral knee. The previous reviewer noted that the claimant was a female who reported an industrial injury back in 2007 involving the right knee. She had a total knee arthroplasty and a total of two surgeries. She then reported compensable injuries to the left knee and the lumbar spine. There was ongoing pain in the low lumbar spine in both knees. Exam revealed only 5 lack of full extension in the back and lateral bending bilaterally. Muscle strength in the lower extremities was five out of five with the exception of the left extensor hallucis longus and the ankle evertor, which were four out of five. The provider recommends continued pain medicine and physical therapy to include ultrasound massage and therapeutic exercise three times a week for four weeks to the lumbar spine and both knees. There is also mention of referral for a total knee replacement and an authorization for an MRI to the lumbar spine. The claimant has had extensive physical therapy for this chronic condition with no documented benefits noted. The status of the home exercise program is not clear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 (3 times per week for four weeks) for the lumbar and bilateral knee:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was appropriately not medically necessary.