

Case Number:	CM14-0088991		
Date Assigned:	07/23/2014	Date of Injury:	04/20/2009
Decision Date:	10/09/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/12/2014

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:

The injured worker is a 67-year-old retired male who sustained work-related injuries on April 20, 2009. He has history of right knee total arthroplasty (1999) and left knee arthroplasty (11/25/2001). A magnetic resonance imaging scan of the lumbar spine dated July 11, 2012 revealed (a) L3-4 2.6 millimeter and L4-5 4.5 millimeter disc protrusion; (b) L3-4 and L4-5 spinal stenosis; and (c) L4-5 facet arthropathy. Per medical records dated April 29, 2014 the injured worker presented for a follow-up due to his bilateral knee, right hip and lumbar spine injuries. He complained of lumbar spine pain rated at 8/10 that was achy and constant; right hip pain rated at 5/10 that was intermittent and sharp; right knee pain rated at 5/10, constant and achy; left knee pain rated at 8-9/10 constant, achy, and sharp with burning sensation and was unstable; he further reported that it felt like it is just going to give out. He also reported that his left knee pain was getting worse. On examination, he was noted to be morbidly obese. Lumbar spine range of motion was limited in all planes. Heel and toe walk was positive. Right knee range of motion was limited. Left knee range of motion was also limited with positive patellar grind test, positive patellar compression test, positive medial joint space tenderness, and an extremely antalgic gait on the left. Right hip was about 50% of normal range of motion with noted pain in all planes. He is diagnosed with (a) L3-5: 2.6 millimeter and L4-5 4.5 millimeter disc protrusion, positive per magnetic resonance imaging scan dated July 11, 2012; (b) L3-L4 and L4-L5 spinal stenosis, positive per magnetic resonance imaging scan dated July 11, 2012; (c) L4-L5 facet arthropathy, positive per magnetic resonance imaging scan dated July 11, 2012; (d) left knee internal derangement; (e) status post right knee total arthroplasty in 1999; and (f) status post left knee arthroscopy done in November 26, 2001.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2 x per week x 6 weeks, bilateral knees, lumbar spine (12): 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), Knee & Leg (updated 03/31/2014), Physical medicine treatment; Low Back (updated 05/12/2014), Physical Therapy (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Physical Medicine Page(s): 58-60, 98-99.

Decision rationale: This injured worker is deemed to have undergone through a lot of multiple treatment modalities including injections, chiropractic, physical therapy as well as surgery. Based on the provided records, he was authorized to receive chiropractic treatments as well as 12 acupuncture visits for the lumbar spine but the results are still pending. Both chiropractic and physical therapy are classified under physical medicine treatment modalities and the simultaneous use of both modalities would be redundant and the effects produced will be confusing. Moreover, absent is the documentation that provides evidence that previous therapies produced significant benefits including significant decrease in pain levels or increase in functional improvements. Therefore, the medical necessity of the requested 12 physiotherapy twice a week for six weeks to the bilateral knees and lumbar spine is not established.