

Case Number:	CM14-0090179		
Date Assigned:	09/10/2014	Date of Injury:	04/10/2014
Decision Date:	10/10/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 59 year old female with a work injury dated 4/10/14. The diagnoses include lumbar sprain, lumbosacral neuritis, wrist sprain, carpal tunnel syndrome, depression, and lateral collateral ligament injury of the knee. Under consideration is a request for physical therapy 2 x 4 lumbar spine; physical therapy 2 x 4 right knee; physical therapy 2 x 4 bilateral wrists. There is a primary treating physician report dated 8/4/14 PR-2 report that states that het patient complains of low back pain which radiates to both legs; bilateral wrist pain, and right knee pain. The findings on exam reveal decreased lumbar, right knee and bilateral wrist range of motion .There is a positive right and left straight leg raise at 45 degrees. There is spasm. There is a positive Phalen and Tinel sign. The treatment plan includes a bilateral upper extremity NCS/EMG. An AME is pending. A 6/24/14 progress note document treatment plan states that the patient requires a double upright knee brace for knee instability and an MRI for the knee. A 5/12/14 orthopedic evaluation revealed that the patient has a history of 4 prior right knee surgeries.He recommended physical therapy to address the patient's lumbar spine and to focus on reducing pain and increasing range of motion and function. He also recommended an MRI of the lumbar spine lo rule out a herniated nucleus pulposus. A 4/22/14 electrodiagnostic study revealed evidence of a right median nerve sensory neuropathy (evidenced by peak latency slowing), affecting myelin, very mild in severity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The guidelines recommend up to 10 visits for this condition. The documentation does not reveal that the patient has had prior lumbar spine therapy. The request for physical therapy 2x4 lumbar spine is medically necessary.

Physical therapy 2x4 bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: The MTUS guidelines state that there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The ODG states that medical treatment for carpal tunnel syndrome may include 1-3 visits of physical therapy over 3-5 weeks. The MTUS Chronic Pain Medical Treatment Guidelines encourage independence towards a home exercise program. The documentation indicates diagnoses of carpal tunnel syndrome. The request for 8 visits is not medically necessary as there is no extenuating circumstance that indicates that the patient would require more than 1-3 supervised therapy visits for this condition. Additionally, there is limited evidence that PT is effective for carpal tunnel syndrome. The request for physical therapy 2 x 4 to the bilateral wrists is not medically necessary.

Physical therapy 2x4 right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Knee complaints Page(s): 98-99; 337.

Decision rationale: Physical therapy 2 x 4 to the right knee is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation states that the patient has had 4 prior right knee surgeries. The documentation indicates that the provider requested a brace for right knee instability and an MRI. The MTUS ACOEM guidelines state that if a history of past injury is associated with the onset of symptoms and the present complaint has the identical presentation, a relationship to the past injury may exist. It is important to establish the level of function that existed before the current health complaint. This is because the goal of

treatment will be to return the patient at least to that state; because the underlying problem may well be chronic, its elimination may be unrealistic. The patient can be asked to identify when this level has been reached, because treatment beyond that point will likely be reduced to the level of maintenance and observation. The guidelines recommend up to 10 visits for this condition. It is unclear from the documentation how much therapy and how recently the patient has had right knee therapy. The knee examination is not clear on examination. The patient has decreased range of motion in the right knee but has had 4 prior surgeries. There is no detailed discussion on the need for a knee brace or patient's prior knee function or range of motion limitations after her 4 surgeries. The MTUS guidelines encourage a transition to an independent home exercise program. Without documentation of past therapy for the knee; why the patient needs 8 separate visits of therapy for the wrists, knee and lumbar spine each; and discussion of knee pathology/range of motion/function prior to this injury, the request for Physical therapy 2 x 4 to the right knee is not medically necessary.