

Case Number:	CM14-0096009		
Date Assigned:	07/25/2014	Date of Injury:	03/31/2011
Decision Date:	10/01/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/24/2014

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 Texas. 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:

Medical Records reflect the claimant is a 46 year old male who sustained a work injury on 3-31-11. Office visit on 5-15-14 notes the claimant complained of lumbar pain rated 5/10. There was referred pain to the buttocks, bilateral hips, and posterior leg on the affected side. The pain was described as burning and shooting. There was pain with movement. There were no left knee subjective findings documented in the recent medical record submitted. Left lower extremity strength was graded 5/5 throughout. Tandem walking, walking on toes, and walking heels were impaired. Examination of the lumbar spine revealed there was moderate tenderness located at the flank, right flank, and medial low back. Sensation was diminished. Trunk extension was measured at 35 cm, flexion at 60 degrees, and bilateral rotation at 10 degrees. Testing was limited due to guarding and pain. Straight leg raise test was negative. Examination of the left knee revealed there was no tenderness on palpation. Deep tendon reflexes, coordination, strength, tone, range of motion, and sensation were normal. McMurray's test and patellar grind test were positive. Assessment of task performance ability with running forward at 20 degrees was non-functional. Squat and Jumping and lifting body off the floor were functionally poor. The patient was diagnosed with tear lateral cartilage and meniscus knee current (836.1), and low back pain. The claimant has attended 24 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 4Wks left knee and lumbar spine: 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, Knee and Leg (updated 03/31/14); Low Back (updated 05/12/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter and knee chapter - physical therapy

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes 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 claimant had been provided 12 physical therapy sessions to date. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture. Based on the records provided, this claimant should already be exceeding well-versed in an exercise program. It is not established that a return to supervised physical therapy is medically necessary and likely to significantly improve or impact the patient's overall pain level and functional status beyond that of her actively utilizing an independent home exercise program. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Therefore, the request is not medically necessary.