

Case Number:	CM14-0098496		
Date Assigned:	07/28/2014	Date of Injury:	03/07/2014
Decision Date:	08/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/26/2014

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 Interventional Spine 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 patient is a 26-year-old male with date of injury of 03/07/2014. According to this report, the patient reports of slight discomfort in the lower back. The patient also states slight discomfort in the knees that is exacerbated by heavy lifting. The physical examination shows the patient ambulates with a normal gait with full bearing in both lower extremities. The bilateral knees are nontender in the medial joint lines and lateral joint lines. Range of motion in the bilateral knees is within normal limits. Heel/toe ambulation is performed without difficulty. Bilateral patellar and Achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The utilization review denied the request on 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient 12 physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: This patient presents with low back and knee discomfort. The treater is requesting 12 physical therapy visits. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia-, myositis-, and neuralgia-type symptoms. The records do not show any recent or prior physical therapy reports to verify how many treatments the patient has received and with what results. The progress report dated 04/09/2014 notes that the patient has completed 1 physical therapy visit. The 04/21/2014 report notes that the patient has improved, but slower than expected. He continues to complain of moderately severe back pain and moderately severe knee complaints. The MTUS Guidelines page 8 on chronic pain requires satisfactory response to treatment including increased levels of function or improved quality of life. Given the lack of functional improvement while utilizing physical therapy, the requested 12 visits are not medically necessary. Furthermore, the requested 12 sessions exceed MTUS recommendations. The request is not medically necessary.