

Case Number:	CM14-0189220		
Date Assigned:	11/17/2014	Date of Injury:	02/13/2014
Decision Date:	01/07/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/10/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 44 year-old male employee with date of injury of 2/13/2014. A review of the medical records indicate that the patient is undergoing treatment for degeneration of intervertebral disc (site unspecified), displacement of lumbar intervertebral disc (without myelopathy), lumbago, and sciatica. Subjective complaints include low back pain with radiculopathy (left greater than right). Objective findings include moderate paraspinal spasm in the lumbar spine bilaterally. Examination of the lower extremities reveals deep tendon reflexes at 2+ in the knees. MRI (no date) had shown an annular tear. Treatment has included six physical therapy sessions. Medications have included Amitriptyline, Meloxicam, Tramadol and Norco. The prior utilization review dated 10/21/2014 denied the request for physical therapy for the left knee, twice weekly for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The physicians' treatment plan does not specify any pathology of the lower extremities. In fact, they are described as having "no atrophy" and "normal". As such, the request for physical therapy for the left knee, twice for four weeks is not medically necessary.