

Case Number:	CM14-0191786		
Date Assigned:	11/25/2014	Date of Injury:	07/23/2002
Decision Date:	01/12/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Medicine 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 75 year-old woman who was injured at work between 2/27/1998-6/21/2000. The injury was primarily to her knees and back. She is requesting review of denial for 8 sessions of physical therapy 2 X per week X 4 weeks for the low back and knees. Medical records corroborate ongoing care for her injuries. The records include the Primary Treating Physician's Progress Reports. The relevant, chronic diagnoses include Bilateral Knee Medical Compartment Arthropathy and Discogenic Low Back Pain. For these she has been treated with opioids, arthroscopic knee surgery, and prior courses of physical therapy (unspecified number of sessions in the available records). At the office visit on 9/16/2014, it was noted that she has persistent symptoms of low back pain and bilateral knee pain. Physical examination was notable for tenderness in the lower lumbar paravertebral musculature. The straight leg test was negative bilaterally. Her knee examination was remarkable for tenderness along the medial compartment. There was no evidence of effusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of PT 2 x week x 4 weeks for the low back and knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. Physical therapy is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain, and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. These guidelines also provide recommendations as to the number of authorized treatment sessions. Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. In this case, the records indicate that the patient has undergone prior physical therapy; but it is not well documented as to the number of prior sessions. It is also unclear whether the patient has experienced any improvement from these prior physical therapy sessions. Finally, there is no documentation, per the guideline recommendations, that the patient has been instructed in a self-directed home exercise program. Given that this patient has had prior physical therapy sessions for the treatment of her back and knee conditions and this request is for the maximum number of treatment sessions allowed, the request for 8 sessions of PT 2 x week x 4 weeks for the low back and knees, is not considered as medically necessary.