

Case Number:	CM14-0196257		
Date Assigned:	12/04/2014	Date of Injury:	05/18/2005
Decision Date:	05/01/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 58 year old male who sustained an industrial injury on May 18, 2005. He has reported injury to the low back and right knee and has been diagnosed with lumbago and internal derangement of the knee not otherwise specified. Treatment has included physical therapy, massage, chiropractic care, aqua therapy, and epidural injections. Currently the injured worker complains of constant pain in the low back that was aggravated by activity and constant pain in the right knee aggravated by activity. The treatment plan included physical therapy for the lumbar spine and right knee. A Utilization Review determination was rendered recommending non certification for Additional physical therapy 2X6 lumbar spine and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 6, lumbar spine and right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Physical Therapy.

Decision rationale: The CA MTUS and the ODG recommend that physical therapy can be utilized for the treatment of exacerbation of musculoskeletal pain. Physical therapy can result in pain relief, reduction in medications utilization and increased physical function. The guidelines recommend that patient progressed to a home exercise based program after completion of supervised physical therapy. The records indicate that the patient had completed several supervised physical treatment. The criteria for additional physical therapy 2X6 to lumbar spine and right knee was not met. Therefore, the requested treatment is not medically necessary.