

Case Number:	CM14-0198512		
Date Assigned:	12/08/2014	Date of Injury:	05/09/2013
Decision Date:	01/22/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 47 year old male with the date of injury of 05/09/13. Per physician's report 10/01/14, the patient has pain in his upper back, mid back, lower back, left leg and bilateral knees. The patient had a right knee surgery and still complains of constant, burning, squeezing-type pain, worse with movement and walking. The right knee buckles, but does not lock on him. The patient occasionally feels numbness and tingling in both of his legs and feet. The patient had physical therapy without any help. MRI of the right knee from 04/21/14 shows grade 1 signal at the posterior horn of the medial meniscus associated with hyaline degeneration. The patient is not currently working. The patient is taking Percocet, Omeprazole and Lyrica. The lists of diagnoses are: Lumbago, Lumbar facet dysfunction that seems to have been aggravated by limping, Depression secondary to pain, Bilateral knee pain with degenerative joint disease and meniscus tear, history of surgery to the right knee, left knee laxity and pain, opioid dependence and history of gastric bypass surgery. The patient underwent urine drug screen on 08/28/14. Per 08/22/14 progress report, the patient has a lot of pain over his back. The patient has completed aqua therapy. The patient still complains of right knee pain when walking and standing. Per 07/25/14 progress report, the patient is taking medication for depression, Oxycodone, Lyrica, Naproxen and Omeprazole. The utilization review letter 10/29/14 indicates that the patient had 6 sessions of Physical Therapy, Cortisone injection and Synvisc shots to the right knee which failed. Treatment reports were provided from 12/05/13 to 10/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks to the lumbar spine: Upheld

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

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

Decision rationale: The patient presents with pain in his back and right knee. The patient is s/p right knee arthroscopy in October 2013. The request is for 12 sessions of Physical Therapy for the lumbar spine. The current request of 12 therapy sessions is outside of post-operative time frame as the request is outside of 6 months following the knee surgery. For non-post-operative therapy treatments MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. The 10/01/14 progress report indicates that the patient has had 6 sessions of physical therapy. Review of the reports does not discuss treatment history or how the patient has responded to treatments in terms of pain reduction or functional improvement and what can be accomplished with therapy. It would appear that the patient has had adequate therapy recently. The provider does not explain why the patient is unable to transition in to a home program. The current request for 12 combined 6 already received would exceed what is recommended per MTUS guidelines. The request is not medically necessary.