

Case Number:	CM14-0217407		
Date Assigned:	01/07/2015	Date of Injury:	11/08/2013
Decision Date:	04/14/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/29/2014

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 26 year old man sustained an industrial injury on 11/8/2013 to his lumbar spine, left knee and foot when a scissor lift came down and struck him across the lower back, left knee and foot. The worker did not immediately receive treatment, however, several days later he was sent to a medical center by his employer. X-rays were taken and showed no fractures. As his low back pain worsened, an MRI was performed of the lumbar spine showing a 5mm disc protrusion at L5-S1 with associated facet arthropathy. An MRI of the left knee was performed on 9/3/2014 and showed medical meniscus degenerative changes. Current diagnoses include lumbar myoligamentous injury with left lower extremity radicular symptoms, left knee internal derangement, and medical induced gastritis. Treatment has included oral medications, stretching exercises, and 24 sessions of physical therapy. Physician notes dated 11/12/2014 show complaints of low back and left knee pain. Recommendations include intra-articular facet joint injections at bilateral L4-L5 and L5-S1, continuing current medication regimen with a prescription for Norco written, follow up with orthopedics, physical therapy for the lumbar spine, and follow up in 4-6 weeks. The worker received four trigger point injections and one left knee intra-articular injection during this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Low back section, Physical medicine.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to Lumbar is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are musculoligamentous sprain lumbar spine; strain/contusion left hip; strain/conclusion left knee; right knee pain; contusions/sprain left foot. A request for authorization dated July 19, 2014 shows the treating physician requested physical therapy to the lumbar spine and knee two times per week times four weeks. A request for authorization dated October 17, 2014 indicates the treating physician requested physical therapy to the lumbar spine two times per week times four weeks. An agreed-upon medical examination (AME) dated November 12, 2014 indicates the injured worker received prior physical therapy. The documentation reflects the injured worker received a total of 24 physical therapy sessions. However, the documentation is not clear as to what regional body parts were treated and the frequency and duration for the treatment. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy. Additionally, the frequency and duration of the new request for physical therapy lumbar is not present in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines, physical therapy to the lumbar is not medically necessary.