

Case Number:	CM15-0004873		
Date Assigned:	01/16/2015	Date of Injury:	12/12/2013
Decision Date:	03/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 64 year old male, who sustained an industrial injury on December 12, 2013. He has reported sharp pain in his left knee when he stepped down out of his work van. The diagnoses have included status post knee arthroscopic medial and lateral meniscectomy on the right, lumbar spine pain and left hand pain. Treatment to date has included diagnostic studies, surgery, home exercises, physical therapy and medication. Currently, the IW complains of left knee pain and lumbar spine pain. He reported his pain is occasional and improving. He reported his pain as a 6-7 on a 1-10 pain scale. His post-operative range of motion is 0-110. On December 11, 2014, Utilization Review non-certified 16 visits of physical therapy for the lumbar spine (2x week x 8 weeks), left hand (2 x week for 8 weeks) and left knee (2 x week for 8 weeks) noting the California Medical Treatment Utilization Schedule Guidelines. On January 9, 2015, the injured worker submitted an application for IMR for review of 16 visits of physical therapy for the lumbar spine (2x week x 8 weeks) left hand (2 x week x 8 weeks) and left knee 2 x week x 8 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 Lumbar Spine-16 Visits (2x/wk x8 wks): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Lumbar & Thoracic (Acute & Chronic), 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. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate has a history of DJD but there are no documented symptoms, abnormal physical exam or an initial trial of physical therapy used. As such, the request for physical therapy lumbar spine 16 visits (2x/wk x 8 wks) is not medically necessary.

Physical Therapy for the L Hand-16 visits (2x/wk x 8 wks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Forearm, Wrist and Hand, Physical/Occupaional therapy

Decision rationale: The MTUS states that physical therapy, it is typically, "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." 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 (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The ODG has more specific recommendation for the hand in the section of Forearm, Wrist and Hand They agree that it is "Recommended. Positive (limited evidence). See also specific physical therapy modalities by name. Also used after surgery and amputation. Early physical therapy, without immobilization, may be sufficient for some types of

undisplaced fractures."ODG agrees with these guidelines and specifically recommend 9 visits over 8 weeks for sprains and strains of the wrist and hand. It is recommended for fractures, amputations and surgeries. The medical records here fail to demonstrate any significant diagnosis, symptom or objective finding. The request is for physical therapy left hand 16 visits (2x/wk for 8 wks) which exceeds the recommended guidelines. As such, the request is not medically necessary.

Physical Therapy for the L Knee-16 visits (2x/wk x 8 wks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation 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 patient has had a previous trail of physical therapy but the results and outcomes are not readily evident in the records. Additionally, the medical documents do not note "exceptional factors" that would allow for treatment duration in excess of the guidelines. As such, the request for physical therapy left knee 16 visits (2x/wk x 8 weeks) is not medically necessary.