MAXIMUS Federal Services

Case Number:	CM15-0005878		
Date Assigned:	01/20/2015	Date of Injury:	08/22/2013
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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, District of Columbia
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:

The injured worker is a 51 year old female who sustained an industrial injury on 8/22/13. The injured worker reported symptoms in the back. The diagnoses included lumbar strain with radicular complaints; magnetic resonance imaging evidence of disc protrusion and foraminal stenosis L4-5 and L5-S1; right knee strain with Pes Anserine bursitis and valgus alignment. Treatments to date have included physical therapy, cortisone injection, a walker and oral pain medication. PR2 dated 10/29/14 noted the injured worker presents with right knee "tenderness to palpation along the medial joint line" as well as "intermittent moderate pain in the low back, weakness, numbness and tingling in both legs." The treating physician is requesting physical therapy for the lumbar spine/right knee, twice weekly for four weeks. On 12/23/14 Utilization Review non certified a request for Physical therapy for the lumbar spine/right knee twice weekly for four weeks. The MTUS, ACOEM Guidelines, (or ODG) was cited.

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, twice weekly for four weeks: Overturned

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

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

Decision rationale: The employee was being treated for low back pain with radicular symptoms and knee pain. Her prior evaluation had included x-rays, ultrasound study that revealed arthritis, MRI of lumbar spine that showed bulging discs and foraminal stenosis and prior treatment included medications, physical therapy (12 visits) and work modification, An MR arthrogram and an x-ray of right knee done on 04/15/2014 were unremarkable. Nerve conduction studies of bilateral lower extremity from 03/12/14 showed normal nerve conduction velocities of the lower extremities. On examination she had tenderness about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L4-5, L5-S1 facets and weak lumbar extensors. She was noted to be walking with a walker. Right knee pertinent positive examination included soft tissue swelling consistent with pes anserine bursitis at the medial tibial condyle with tenderness to palpation. She was given pes anserine bursa cortisone injection and was referred for physical therapy. According to MTUS guidelines and ODG, up to 9 visits are recommended for joint pain and up to 10 visits for radiculitis. The employee had no prior diagnosis of bursitis and hence after the cortisone injection, she was recommended to have physical therapy. She also had gait abnormality and was using walker. Her examination showed weak lumbar extensors. Given the above findings, physical therapy 8 visits for knee and lumbar spine is appropriate.

Physical therapy for the right knee, twice weekly for four weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99. Decision based on Non-MTUS Citation Knee

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