

Case Number:	CM15-0009105		
Date Assigned:	01/27/2015	Date of Injury:	08/31/1999
Decision Date:	04/03/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56-year-old male who reported injury on 08/31/1999. The mechanism of injury was repetitive work activities. Prior treatments included physical therapy and medications. The injured worker underwent a lumbar spine surgery in 07/2000 and a right knee surgery on 10/28/2010. The injured worker underwent an MRI of the lumbar spine. There was a Request for Authorization submitted for review dated 10/28/2014. Prior treatments were noted to include physical therapy, right knee brace, and extracorporeal shockwave therapy. The documentation of 10/28/2014 revealed the injured worker had complaints of low back pain. The injured worker indicated that physical therapy helped in the past to manage pain and increase mobility and function and would like to try it again. The physical examination revealed +2 tenderness to the lumbar spine. Diagnoses included status post lumbar spine surgery, status post right knee surgery, left knee strain, and other problems unrelated to current evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Physical Therapy Sessions Bilateral Knees and Lumbar Spine (twice weekly): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Physical Medicine, Physical Therapy.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend 10 visits of physical medicine for the treatment of myalgia, myositis and radiculitis. The clinical documentation submitted for review failed to provide documentation of objective functional deficits to support the necessity for ongoing therapy. The objective functional benefit from prior therapy was not provided for review. There was a lack of documentation of objective findings to support the necessity for ongoing physical therapy. Additionally, the injured worker should be well versed in a home exercise program. Given the above, the request for 12 additional physical therapy sessions bilateral knees and lumbar spine (twice weekly) is not medically necessary.