

Case Number:	CM15-0103184		
Date Assigned:	06/05/2015	Date of Injury:	02/15/2005
Decision Date:	07/10/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/29/2015

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

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 66 year old male, who sustained an industrial injury on 2/15/05. Initial complaints were not reviewed. The injured worker was diagnosed as having status post reconstruction left extensor thumb; degenerative disc disease/lumbar; lumbar spinal stenosis; S1 radiculopathy; degenerative joint disease knee/meniscal cyst; left lateral compartment arthritis/medial lateral meniscal tears; cervical radiculopathy C6, C7; right olecranon bursitis; Tardy/cubital tunnel syndrome left. Treatment to date has included status post left total knee arthroplasty (1/9/15) physical therapy; medications. Diagnostics included MRI lumbar spine (7/7/05); MRI left knee (7/20/10) MRI lumbar spine (7/20/10). Currently, the PR-2 notes dated 5/5/15 indicated the injured worker complains of pain in the left hand, lower back, left knee. The notes indicate the injured worker is a status post left total knee arthroplasty on 1/9/15. The provider notes that since his last evaluation on 3/5/15, the injured worker has had less low back pain/discomfort. He is taking Relafen daily and has had about 20 physical therapy sessions but is in need of more as he walks with antalgic gait and clicking and continues with limited range of motion noting the left lower back pain. He also notes he has trouble sleeping. Currently the medications prescribed are Norco and Relafen. On physical examination, the provider notes normal movement in his low back with L5-S1 tenderness and normal lower extremity strength and sensation. His left knee has 5-110 degrees of motion without effusion and a longitudinal scar consistent with his left total knee with normal valgus. He is still walking with a stiff left gait due to antalgia. The treatment plan on this date included a request for additional physical therapy. The provider has requested authorization of an additional 9 sessions of physical therapy in which

per telephone conversation with the Utilization Reviewer, was willing to modify his request to 6 sessions then progress to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 9 sessions of Physical Therapy (3 x per week x 3 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.