

Case Number:	CM15-0109240		
Date Assigned:	06/15/2015	Date of Injury:	07/13/2001
Decision Date:	07/17/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/05/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 61 year old female, who sustained an industrial injury on 7/13/01. The injured worker was diagnosed as having right knee pain and back pain. Treatment to date has included physical therapy, home exercise program, right knee surgery, oral medications including Amitriptyline, Gabapentin, Norco, Flexeril and Tylenol, activity restrictions and chiropractic treatment. Currently, the injured worker complains of right knee and lower back pain and spasm without weakness, dizziness. She is currently not working. Physical exam noted tenderness at lumbar paraspinal area, cane for ambulation and well healed scarring over right knee. The treatment plan included physical therapy, pain management and stretching. A request for authorization was submitted for physical therapy, occupational therapy and physiatry evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT for The Right Knee and Low Back: Upheld

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

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

Decision rationale: The 5/14/15 physician progress note states positive history of knee injury and the diagnosis is knee pain and back pain without any further subjective or objective information. The 4/30/15 note states right knee and lower back pain, falling, back spasm, no weakness. The objective findings on that date were paraspinous muscle tenderness, ambulating with cane, well healed scarring over right knee. The treatment plan included physical therapy, pain management and stretching. A referral dated 4/30/15 provides diagnosis of knee and back pain status post injury 2001 recent falls secondary to weakness. Treatment requested was evaluated and treat physical therapy and occupational therapy. Progress notes in 2013 and 2014 indicate physical therapy referral but do not state whether the worker had physical therapy and if so what the response was. Referral to physiatry is not discussed in the progress notes. According to the MTUS the recommended number of physical medicine sessions for myalgia is 9-10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. Although passive modalities may be beneficial initially, the role of physical therapy is not to provide ongoing passive modalities for pain control but to establish an active home exercise program in which the patient can continue to maintain and improve function and pain control independently. Physical therapy beyond these guidelines should be supported by evidence of progress in physical therapy and a rational explanation of why excessive physical therapy is needed. In this case, it appears this worker has had previous physical therapy and a home exercise program should already be established especially considering the injury occurred in 2001. The documentation is very scant and lacking in rationale for physical therapy. It is stated that the patient has been having falls recently but it is not clear whether this is related to the back and knee pain and an exacerbation of the original injury. There is no objective evaluation to suggest the etiology of the falls so the statement "recent falls secondary to weakness" cannot be assumed to be indicative of an exacerbation and a consequent indication for physical therapy. In summary, it appears this worker has had physical therapy in the past in which a home exercise program should have been established. There is insufficient information in the record to support additional physical therapy at this point. The request is not medically necessary.

OT for The Right Knee and Low Back: Upheld

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

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

Decision rationale: The 5/14/15 physician progress note states positive history of knee injury and the diagnosis is knee pain and back pain without any further subjective or objective information. The 4/30/15 note states right knee and lower back pain, falling, back spasm, no weakness. The objective findings on that date were paraspinous muscle tenderness, ambulating with cane, well healed scarring over right knee. The treatment plan included physical therapy, pain management and stretching. A referral dated 4/30/15 provides diagnosis of knee and back pain status post injury 2001 recent falls secondary to weakness. Treatment requested was

evaluated and treat physical therapy and occupational therapy. Progress notes in 2013 and 2014 indicate physical therapy referral but do not state whether the worker had physical therapy and if so what the response was. Referral to physiatry is not discussed in the progress notes. According to the MTUS the recommended number of physical medicine sessions for myalgia is 9-10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. Although passive modalities may be beneficial initially, the role of physical medicine is not to provide ongoing passive modalities for pain control but to establish an active home exercise program in which the patient can continue to maintain and improve function and pain control independently. Physical medicine, whether occupational or physical therapy beyond these guidelines should be supported by evidence of progress in therapy and a rational explanation of why excessive therapy is needed. In this case, it appears this worker has had previous physical therapy and a home exercise program should already be established especially considering the injury occurred in 2001. The documentation is very scant and lacking in rationale for occupational therapy. It is stated that the patient has been having falls recently but it is not clear whether this is related to the back and knee pain and an exacerbation of the original injury. There is no objective evaluation to suggest the etiology of the falls so the statement "recent falls secondary to weakness" cannot be assumed to be indicative of an exacerbation and a consequent indication for occupational therapy. In summary, it appears this worker has had physical therapy in the past in which a home exercise program should have been established. There is insufficient information in the record to support additional physical medicine whether that be occupational or physical therapy at this point. The request is not medically necessary.

Physiatrist Referral for Eval and Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79 and 92.

Decision rationale: According to the ACOEM (page 79), "The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." The ACOEM (page 92) states, "Referral may be appropriate if the practitioner is uncomfortable with line of inquiry outline above, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan." In this case, there has not been an appropriate medical evaluation and documentation upon which to base referral to physiatry. Furthermore, the progress notes do not include a discussion as to the purpose or rationale for referral to a physiatrist. The 5/14/15 physician progress note states positive history of knee injury and the diagnosis is knee pain and back pain without any further subjective or objective information. The 4/30/15 note states right knee and lower back pain, falling, back spasm, no weakness. The objective findings on that date were paraspinous muscle tenderness, ambulating with cane, well healed scarring over right knee. The treatment plan included physical therapy, pain management and stretching. A referral dated 4/30/15 provides diagnosis of knee and back pain status post injury 2001 recent falls secondary to weakness. Treatment requested was evaluated and treat physical therapy and occupational therapy. In summary, there is insufficient documentation to

substantiate an indication or necessity for a psychiatry referral. The request is not medically necessary.