

Case Number:	CM15-0013964		
Date Assigned:	02/02/2015	Date of Injury:	01/10/1985
Decision Date:	04/08/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/23/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 73-year-old male reported a work-related injury on 01/10/1985. According to the progress notes from the treating provider dated 12/12/14, the injured worker (IW) reports increased right knee pain and unchanged pain in the lower back. The diagnoses include lumbar musculoligamentous sprain/strain, lumbar disc bulging and radiculopathy, sacroiliac dysfunction osteoarthritis knee-localized and lumbar facet arthropathy. Previous treatments include medications, physical therapy, Synvisc injections and bracing. The treating provider requests physiotherapy/physical therapist 2 times a week for 6 weeks (12 visits). The Utilization Review on 12/29/2014 non-certified the request for physiotherapy/physical therapist 2 times a week for 6 weeks (12 visits). References cited were Official Disability Guidelines-Treatment for Worker's Compensation (ODG-TWC), Pain Procedure Summary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy/Physical Therapist 2 times a week for 6 weeks (12 visits): 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: According to the 12/12/2014 report, this patient presents with knee and back pain. The current request is for Physiotherapy/Physical Therapist 2 times a week for 6 weeks, 12 visits. The request for authorization and the patient's work status are not included in the file for review. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the available records shows no recent therapy reports and there is no discussion regarding the patient's progress. The treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request is not medically necessary.