

Case Number:	CM15-0130483		
Date Assigned:	07/16/2015	Date of Injury:	07/30/2010
Decision Date:	08/19/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/07/2015

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, Hawaii
 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:

The injured worker is a 58 year old female, who sustained an industrial injury on July 30, 2010. She reported an injury to her left knee and low back. Treatment to date has included total left knee arthroplasty with revision, MRI of the lumbar spine, home exercise program, physical therapy, and medications. Currently, the injured worker complains of pain in the low back and left knee. She reports that her left knee is tight with spasm and her low back pain radiates to the left leg. On physical examination the injured worker has normal posture and lordosis of the lumbar spine. Her forward flexion is limited and arising is difficult and painful. Lateral bending bilaterally elicits pain. She has tenderness to palpation and spasm over the lumbar spine and a positive straight leg raise test on the left. The diagnoses associated with the request include clinical evidence of disc herniation of the lumbar spine at L5-S1 and status post left knee arthroplasty with residual arthritis and residual fibroarthrosis. The treatment plan includes chiropractic therapy, lumbar spine injection and medications. A request was received for twelve sessions of physical therapy for the lumbar spine and the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x a week for 4 weeks for the lumbar spine: 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 patient presents with pain affecting the low back and left knee. The current request is for Physical therapy 3 x a week for 4 weeks for the lumbar spine. The requesting treating physician report was not found in the documents provided for review. The MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided, do not show that the patient has received prior physical therapy for the low back. The patient's status is not post-surgical. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.

Physical therapy 3x a week for 4 weeks for the left knee: 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 patient presents with pain affecting the low back and left knee. The current request is for Physical therapy 3 x a week for 4 weeks for the lumbar spine. The requesting treating physician report was not found in the documents provided for review. A report dated 10/01/14 (6C) states, "Continue physical therapy for ROM and Strengthening to (left) knee 2 x 6". The MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided, show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were received. The patient underwent total knee arthroplasty on 2/19/14 and is no longer in the post-surgical treatment period as outlined by the MTUS guidelines. In this case, the patient has received an unknown number of visits of physical therapy to date and the current request of an additional 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.