

Case Number:	CM15-0136126		
Date Assigned:	07/24/2015	Date of Injury:	03/07/2014
Decision Date:	08/21/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/14/2015

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: Preventive Medicine, Occupational Medicine

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 41 year old male sustained an industrial injury to the right knee via cumulative trauma on 3/10/14. The injured worker later complained of low back pain. Electromyography/nerve conduction velocity test of bilateral lower extremities (2/2/15) was normal. Bilateral knee x-rays (4/4/14) showed no acute abnormality. X-rays lumbar spine (2/17/15) showed four lumbar appearing vertebral bodies with a transitional S1 and multilevel osteophytes. Previous treatment included chiropractic therapy and medications. In an agreed medical evaluation dated 6/10/15, the injured worker complained of low back pain, some left knee pain and constant right knee pain. Physical exam was remarkable for lumbar spine with decreased range of motion, mildly positive right femoral stretch sign and normal lower extremity neurologic assessment with the exception of reduced sensation in the right ankle. Bilateral knees had no limit to range of motion, no instability, effusion or focal tenderness. The injured worker had normal posture and could walk on heel and toe. Squatting was impaired at two thirds because of feelings of weakness in both knees. Current diagnoses included probable lumbar discopathy with right L4 radiculopathy, possible bilateral knee sprain/strain and ix of probable previous treatment included-patellar bursitis, right. The physician stated that the injured worker needed treatment to his back. The physician stated that the injured worker might respond to a lumbar epidural steroid injection and that physical therapy for his back might be helpful. On 7/1/15, a request for authorization was submitted for lumbar epidural steroid injections and eight physical therapy sessions (site unspecified) per the agreed medical evaluation report dated 6/10/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the available documentation states that the injured worker has participated in physical therapy previously but it is unclear if that physical therapy was for the knee or the back because the efficacy of the sessions were not included in the documentation. Without this information, the request for physical therapy 8 sessions lumbar spine is determined to not be medically necessary.