

Case Number:	CM15-0142237		
Date Assigned:	08/03/2015	Date of Injury:	11/11/2003
Decision Date:	08/31/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/22/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 70 year old female who sustained an industrial/work injury on 11-11-03. She reported an initial complaint of back, knee, and leg symptoms. The injured worker was diagnosed as having left and right knee arthritis, status post right total knee arthroplasty, and lumbago with bilateral sciatica. Treatment to date includes medication and surgery (right total knee arthroplasty). Currently, the injured worker complained of chronic lumbar spine, bilateral knee, and leg radicular symptoms down L5-S1 distribution. Per the primary physician's report (PR-2) on 5-27-15, right knee exam notes slight effusion to the right knee, 5-7 degrees of varus and valgus instability, with range of motion 0-115 degrees. Left knee exam shows slight effusion, pain along the joint line, positive McMurray's tests, and range of motion at 0-115 degrees, no instability. Lumbar exam showed minimal tenderness, positive straight leg raise on the right only, and neurological testing was normal. Current plan of care included surgical consultation, therapy, and medication. The requested treatments include Physical Therapy for the low back, three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the low back, three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy low back three times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right knee arthritis, status post total knee arthroplasty; left knee arthritis; and lumbago with bilateral sciatica. The date of injury is November 11, 2003. The request for authorization is June 23, 2015. According to a progress note dated May 27, 2015, subjectively the injured worker has bilateral knee pain, low back pain and leg pain. The injured worker cannot remember if she received physical therapy to the low back. The utilization review indicates the injured worker had adequate physical therapy to the lumbar spine. The documentation does not indicate the total number of physical therapy sessions to date. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation with a specific number of physical therapy sessions rendered to the lumbar spine, documentation demonstrating objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy to the low back three times per week times four weeks is not medically necessary.