

Case Number:	CM15-0148713		
Date Assigned:	08/12/2015	Date of Injury:	06/24/2014
Decision Date:	09/15/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/31/2015

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:

The injured worker was a 53 year old female, who sustained an industrial injury, February 24, 2014. The injured worker previously received the following treatments analgesic creams, Flexeril, Omeprazole, lumbar spine x-rays, lumbar spine MRI, left knee MRI and cervical spine x-rays. The injured worker was diagnosed with lumbar disc protrusion, lumbar musculoligamentous injury, lumbar strain and or sprain, left knee internal derangement ad left knee sprain and or strain. According to progress note of June 5, 2015, the injured worker's chief complaint was constant severe pain in the lower back. The injured worker rated the pain at 10 out of 10. The injured worker described the pain as sharp. The pain was aggravated by movement, prolonged stand and or walking. Medication was the relief of the pain. The left knee pain was worse, frequent and severe. The injured worker rated the pain at 8 out of 10 achy, burning, with numbness and tingling associated with movement and prolonged kneeling. Mediation was the relief of the pain. The physical exam noted decreased range of motion of the lumbar flexion of 55 degrees, extension of 20 degrees, left and right lateral bend were normal. There was tenderness with palpation of the lumbar paravertebral muscles. There were muscle spasms of the lumbar paravertebral muscles. The Kemp's testing caused pain. There was tenderness with palpation of the medial knee. The McMurray's testing caused pain. The treatment plan included physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 1 time a week times 6 weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines Page(s): 99.

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

Decision rationale: The 53 year old patient complains of lower back pain, rated at 10/10, and left knee pain, rated at 8/10, as per progress report dated 06/05/15. The request is for PHYSIOTHERAPY 1 TIME A WEEK TIMES 6 WEEKS, LUMBAR SPINE. The RFA for the case is dated 04/24/15, and the patient's date of injury is 06/24/14. Diagnoses, as per progress report dated 06/05/15, included lumbar disc protrusion, lumbar musculoligamentous injury, lumbar sprain/strain, left knee internal derangement, and left knee sprain/strain. The patient is relying on compounded topical creams for pain relief along with acupuncture, chiropractic care, and physiotherapy. MRI of the lumbar spine, dated 03/13/15, revealed grade I retrolisthesis on L3 on L4, disc desiccation from L2-3 to L5-S1, end plate degenerative changes at L5-S1, and disc herniation from L1-2 to L4-5. MRI of the left knee, dated 03/13/15, revealed internal degeneration of anterior and posterior horn of the medial meniscus, and knee joint effusion. The patient is working full duty without any limitations, as per progress report dated 06/05/15. MTUS Chronic Pain Management Guidelines, pages 98,99 under Physical Medicine section has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the patient has undergone physical therapy in the past, as indicated by progress report dated 03/03/15 in which the treater states that "She had physical therapy with improvement." MTUS allows for 8-10 sessions of PT in non-operative cases. The progress reports and the Utilization Review denial letter, however, do not document the number of sessions completed in the past as well as their specific impact on pain and function. It is not clear why the patient has not transitioned into a home-based exercise regimen. Given the lack of relevant documentation, the request IS NOT medically necessary.