MAXIMUS Federal Services

Case Number:	CM15-0167875		
Date Assigned:	09/08/2015	Date of Injury:	06/26/2001
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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 male, who sustained an industrial injury on June 26, 2001, incurring low back and left knee injuries. He was diagnosed with lumbar disc herniation, left lower extremity radiculopathy, and lumbar facet joint syndrome and left knee internal derangement. He underwent a surgical lumbar laminectomy. Treatment included pain medications, muscle relaxants, anti-inflammatory medications, synvisc injections to the left knee, physical therapy and home exercise program and activity restrictions and modifications. In September, 2009, a Magnetic Resonance Imaging of the left knee revealed a tear of the medial meniscus with advanced degenerative changes. Currently, the injured worker complained of increased low back pain radiating down into the left thigh. He noted increased left knee pain aggravated with weight bearing which limited his mobility and activity tolerance. The requested treatment included physical therapy of the left knee and physical therapy of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Left Knee x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with diagnoses include lumbar disc herniation, left lower extremity radiculopathy and lumbar facet joint syndrome and left knee internal derangement, post lumbar laminectomy. Currently the patient complains of increased low back pain radiating down into the left thigh along with increased left knee pain with weight bearing which limits his mobility and activity tolerance. The current request is for Physical Therapy Left Knee x12. The treating physician report of 8/4/15 (63c) fails to document the treating physician's request and/or treatment plan for the requested treatment. The clinical history does note a telephonic conversation that took place on 8/18/15 (24b) between the Utilization Review medical professional and the treating physician. However, no details of the patient's treatment plan are included in the clinical history to support the physician's logic for the Request for Authorization dated 8/12/15 (22b). MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. In this case, the treating physician documents in the treating report from 8/4/15 (37b) The patient has been experiencing increased pain and swelling in his left knee." The clinical history also notes the patient has recently completed 12 sessions of aquatic therapy (21b). However, the most recent treating physician report available for review in the clinical history dated 8/4/15 (37b) has little to no bearing on the medical necessity of this request due to the failure to document the request and medical basis for said request. Additionally, the clinical reports provided did not specifically document the number of prior physical therapy sessions attended or why the patient has not been transitioned to an independent exercise program. There is no documentation of any recent surgery or why the patient requires care above and beyond the MTUS guideline recommendations. The current request is not medically necessary.

Physical Therapy Lumbar Spine x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with diagnoses include lumbar disc herniation, left lower extremity radiculopathy and lumbar facet joint syndrome and left knee internal derangement, post lumbar laminectomy. Currently the patient complains of increased low back pain radiating down into the left thigh along with increased left knee pain with weight bearing which limits his mobility and activity tolerance. The current request is for Physical therapy Lumbar Spine x12. The treating physician report of 8/4/15 (63c) fails to document the treating physician's request and/or treatment plan for the requested treatment. The clinical history does note a telephonic conversation that took place on 8/18/15 (24b) between the Utilization Review medical professional and the treating physician. However, no details of the patient's treatment

plan are included in the clinical history to support the physician's logic for the Request for Authorization dated 8/12/15 (22b). MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. In this case, the treating physician documents in the treating report from 8/4/15 (37b) Since the patient's last visit, he has been experiencing increased pain in his lower back, which is mostly axial in nature." The clinical history also notes the patient has recently completed 12 sessions of aquatic therapy (21b). However, the most recent treating physician report available for review in the clinical history dated 8/4/15 (37b) has little to no bearing on the medical necessity of this request due to the failure to document the request and medical basis for said request. Additionally, the clinical reports provided did not specifically document the number of prior physical therapy sessions attended or why the patient has not been transitioned to an independent exercise program. There is no documentation of any recent surgery or why the patient requires care above and beyond the MTUS guideline recommendations. The current request is not medically necessary.