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| Case Number: | CM15-0185310 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 03/26/2014 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 08/31/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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 is a 58 year old male, who sustained an industrial injury on 3-26-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy and internal derangement of the knee. On 8-6-2015, the injured worker reported worsened pain in his left knee and lower back. The Primary Treating Physician's report dated 8-6-2015, noted the injured worker had returned to work, however he could not tolerate regular work as it caused an exacerbation of his lower back and left knee symptoms. The injured worker's current medications were listed as Omeprazole, Hydrocodone-APAP, and Naproxen Sodium. The physical examination was noted to show the lumbar spine with spasm present in the paraspinal muscles with tenderness to palpation. The sensory evaluation was noted to be reduced in the bilateral L5-S1 dermatomal distribution, with restricted lumbar spine range of motion (ROM). Sitting straight leg raise was noted to be positive bilaterally. The knee examination was noted to show well-healed surgical scars on the left knee consistent with a total knee replacement. No tenderness to palpation over the joint, muscles, or bony-tendinous structures was noted, with restricted bilateral range of motion (ROM). Prior treatments have included a steroid injection to the left pes anserine bursa, at least 18 physical therapy visits noted to be helpful, acupuncture, a partial knee replacement in 2014, massage, bracing, and medications including Ibuprofen and Naproxen Sodium. The treatment plan was noted to include an order for physical therapy to reduce his pain and improve his function. The injured worker's work status was noted to be modified work. The physical therapy re-evaluation note dated 3-12-2015, noted the injured worker unable to work secondary to dysfunction with a current pain rating of 3 out of

10. On 3-20-2015, the injured worker reported benefit from the current physical therapy treatment with reduction in symptoms. The 3-31-2015 physical therapy note reported the injured worker had no significant change in his activities since the previous visit. The request for authorization dated 8-6-2015, requested Naproxen Sodium 550mg #60 and physical therapy 3 x week x 4 weeks for the low back and left knee. The Utilization Review (UR) dated 8-31-2015, certified the request for Naproxen Sodium 550mg #60 and modified the request for physical therapy 3 x week x 4 weeks for the low back and left knee to certify six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x weeks x 4 weeks for the low back and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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 pain in his left knee and lower back. The request is for physical therapy 3 x weeks x 4 weeks for the low back and left knee. The request for authorization is dated 08/06/15. The patient is status post left partial knee replacement, 09/26/14. Physical examination of the lumbar spine reveals there is spasm and tenderness present in the paraspinal muscles, reduced sensation in bilateral L5/S1 dermatomal distribution, and restricted range of motion. Sitting SLR is positive bilaterally. Exam of knees reveal well healed surgical scars about the left knee consistent with TKR, restricted range of motion bilaterally. Patient's medications include Omeprazole, Norco, and Naproxen. Per progress report dated 08/31/15, the patient is on modified work. MTUS, Physical Medicine Section, pages 98, 99 states: "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." Per progress report dated 08/06/15, treater's reason for the request is "to reduce his pain and allow him to function." In this case, the patient continues with low back and left knee pain. Given the patient's condition, a short course of physical therapy would appear to be indicated. However, the request for 12 sessions of Physical Therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request is not medically necessary.