MAXIMUS Federal Services

Case Number:	CM15-0185804		
Date Assigned:	10/15/2015	Date of Injury:	05/10/2009
Decision Date:	12/01/2015	UR Denial Date:	08/25/2015
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, 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 59 year old female, who sustained an industrial injury on 5-10-09. Medical records indicate that the injured worker is undergoing treatment for internal derangement of the knee, lumbar spine sprain-strain, knee and leg sprain-strain and sleep disturbance not otherwise specified. The injured workers current work status was not identified. On (8-17-15) the injured worker complained of chronic neck and bilateral knee pain. The injured worker also noted difficulty completing her activities of daily living including personal hygiene and household chores. Examination of the cervical spine revealed tenderness, spasm and guarding over the paravertebral musculature. Range of motion was decreased and painful. The bilateral knee examination revealed medial and lateral joint tenderness. Range of motion was decreased and painful with mild patellar crepitus with flexion and extension of the bilateral knees. Objective findings related to the lumbar spine were not provided. A progress noted dated 7-20-15 notes that the injured worker complained of low back pain with radiation to the left lower extremity. Objective findings were not provided. Treatment and evaluation to date has included medications and an MRI of the left knee. The progress noted dated 7-20-15 notes that the MRI of the left knee (date unspecified) revealed globular changes in the posterior horn of the medical meniscus. A tear was not excluded. A current medication list and any documentation of prior physical therapy sessions were not provided in the medical records. The current requested treatments include physical therapy for the left knee # 18 and physical therapy for the lumbar spine # 18. The Utilization Review documentation dated 8-25-15 non-certified the request for physical therapy for the left knee # 18 and physical therapy for the lumbar spine # 18.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for Left Knee, 18 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the low back with radiation to the left lower extremity. The current request is for Physical therapy for Left Knee, 18 sessions. The treating physician report dated 8/17/15 (7B) states, "However, we are formally requesting authorization for physical therapy to the bilateral knees and lumbar spine." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the left knee. The patient's status is not post-surgical. In this case, the current request of 18 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.

Physical therapy for Lumbar spine, 18 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the low back with radiation to the left lower extremity. The current request is for Physical therapy for Lumbar spine, 18 sessions. The treating physician report dated 8/17/15 (7B) states, "However, we are formally requesting authorization for physical therapy to the bilateral knees and lumbar spine." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the lumbar spine. The patient's status is not post-surgical. In this case, the current request of 18 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.