

Case Number:	CM15-0186692		
Date Assigned:	09/28/2015	Date of Injury:	12/18/2014
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old female, who sustained an industrial injury on 12-18-2014. She reported injury to the right leg and low back from a slip and fall. Diagnoses include lumbosacral strain, facet syndrome, contusion of right knee and right knee internal derangement. Treatments to date include activity modification, NSAID, anti-inflammatory, and approximately twelve (12) physical therapy sessions for the right knee. Currently, she complained of ongoing low back pain with radiation to the right hip. Pain in the low back was rated 5 out of 10 VAS. She also complained of right knee pain rated 6 out of 10 VAS improved to 4 out of 10 VAS with physical therapy. On 8/12/15, the physical examination documented the lumbar spine was tender with muscle spasm, weakness, and decreased range of motion noted. There was a positive straight leg raise test. The right knee demonstrated slight swelling without effusion, and decreased range of motion indicated by 130 degrees out of 140 degree normal with flexion. The medical records submitted for this review included seven physical therapy daily treatment notes from 3-12-15 through 3-27-15 and five physical therapy daily treatment notes from 6-25-15 through 7-23-15. These daily treatment notes did not clearly documented objective data on range of motion, strength, or pain levels from the start of care or the end of care to support improvement in functional capacity or reduction of pain levels from treatment. The appeal requested authorization for six additional physical therapy sessions, twice a week for three weeks to treat the lumbar spine and right knee, per an order on 8-12-15. The Utilization Review dated 8-21-15, modified the request to allow four physical therapy sessions, twice a week for two weeks, to include hydrocollator and electrical stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times weekly, lumbar spine and right knee QTY 6.00 (therapeutic excercises, hydrocollator, and electrical stimulation): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in December 2014 when, while walking in a hallway, she slipped and fell with injury to the low back and right leg. Beginning on 03/12/15 there was 12 physical therapy treatment sessions including instruction in a home exercise program. When seen, she was having constant low back pain rated at 5/10. There had been a decrease in right knee pain with physical therapy from 6/10 to 4/10. She was having constant weakness and buckling with popping and giving out. She was performing her home exercises and working with restrictions. Physical examination findings included slight right knee swelling with decreased knee and lumbar spine range of motion. She had difficulty squatting. She had gait favoring the right lower extremity. Additional physical therapy was requested. The claimant's injury was more than 6 months age. She is being treated for chronic pain with no new injury and has already had physical therapy including instructions in a home exercise program and is performing her home exercises. Patients are expected to continue active therapies and ongoing compliance with an independent exercise program would be expected without a need for skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not considered medically necessary.