

Case Number:	CM15-0192006		
Date Assigned:	10/06/2015	Date of Injury:	03/11/2005
Decision Date:	11/13/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/29/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old woman sustained an industrial injury on 3-11-2005. Diagnoses include status post right knee surgery, lumbosacral laminectomy, and right carpal tunnel release. Treatment has included oral medications and surgical intervention. Physician notes from the orthopedist dated 8-26-2015 show complaints of low back pain, right wrist pain, right knee pain. The physical examination shows tenderness to palpation in the upper, mid, and lower paravertebral muscles, range of motion shows flexion 20 degrees, bilateral lateral bending 20 degrees, right lateral rotation 20 degrees, left lateral rotation 25 degrees, extension 15 degrees, increased pain with lumbar spine motion, and no signs of nerve irritability with straight leg raise or rectus femoris stretch. No soft tissue swelling or tenderness to palpation is noted in the right wrist, negative Phalen's and Tinel's signs, negative median nerve compression, range of motion noted as dorsiflexion 50 degrees, palmar flexion 50 degrees, radial deviation 20 degrees, ulnar deviation 30 degrees, pronation 80 degrees, supination 80 degrees. The right knee shows a moderate effusion without signs of infection, no soft tissue swelling or instability, tenderness to palpation is noted over the medial and lateral joint line, medial and lateral pain is noted with McMurray's maneuver, mild patellofemoral irritability is noted with patella excursion and tracking, grade IV - V quadriceps-hamstring strength, and range of motion is 0-110 degrees with crepitation. An antalgic gait is noted with a limp, inability to fully squat or duck waddle, however, she is bale to heel and toe walk with pain in the right knee. Decreased sensation is noted to the bilateral median nerve distribution, and the right L5 distribution. Recommendations include a rolling walker, shower chair, continue physical therapy, and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 4Wks, Lumbar Spine and Right Knee, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy Low back section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the lumbar spine and right knee #8 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post right knee operative arthroscopy with partial medial and lateral meniscectomy and chondroplasty; status post L4 - L5 and L5 - S1 laminectomy; and status post right carpal tunnel release. Date of injury is March 11th 2005. Request for authorization is dated September 2, 2015. According to an August 26, 2015 progress note, the injured worker received physical therapy with improvement, but remains symptomatic. The injured worker has a history of lumbar surgery and right knee surgery. Objectively, there is tenderness to palpation over the lumbar paraspinals. The right knee is tender to palpation over the medial and lateral joint lines. There is crepitus present. According to a physical therapy progress note dated July 1, 2015, the injured worker is receiving visit #7. According to a progress note dated August 19, 2015, the injured worker is receiving physical therapy visit #1 (new set of physical therapy visits). According to the utilization review, eight additional physical therapy sessions to the lumbar spine and right knee were authorized. There is no documentation demonstrating objective functional improvement. The total number of physical therapy sessions to date is not specified in the medical record. There were no compelling clinical facts indicating additional physical therapy is warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions to date, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times four weeks to the lumbar spine and right knee #8 sessions is not medically necessary.