

Case Number:	CM15-0196882		
Date Assigned:	10/12/2015	Date of Injury:	12/07/2011
Decision Date:	11/25/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/06/2015

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 60 year old male, who sustained an industrial injury on 12-07-2011. He has reported injury to the left hip. The diagnoses have included left sacroiliac joint dysfunction; left hip arthralgia; low back strain-sprain; and bilateral knee degenerative joint and chondromalacia patella. Treatment to date has included medications, diagnostics, chiropractic therapy, and home exercise program. Medications have included Motrin, Norco, Dexilant, Trazodone, and Omeprazole. A progress note from the treating physician, dated 07-27-2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain, which he currently rates as 3 out of 10 in intensity; radiation of pain to his left buttock and upper thigh; he has had worsening pain in both his knees and it can be severe at times; his knees occasionally give way; at times he has a lot of difficulty standing from a seated position; he has been performing yoga which has helped with pain management and he has had significantly less pain as a result; he has completed about 24 visits of chiropractic treatment which has helped significantly; he is taking Norco, Motrin, Dexilant, and Trazodone; the medications help decrease his pain significantly, but temporarily, and allow him to increase his activity level; and he continues working. Objective findings included he is in no acute distress; his gait is mildly antalgic; lumbar spine is non-tender; lower extremity sensation is intact bilaterally to pinprick and light touch; normal patellar and Achilles reflex bilaterally; 5 out of 5 strength is noted bilaterally; there is crepitus in both knees with range of motion testing; range of motion is 0-130 in both knees; and McMurray's test is negative bilaterally. The treatment plan has included the

request for physical therapy, 8 visits. The original utilization review, dated 09-03-2015, non-certified the request for physical therapy, 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 8 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: Based on the 7/27/15 progress report provided by the treating physician, this patient presents with low back pain radiating to the left buttock/upper thigh, and bilateral knee pain rated 3/10. The treater has asked for PHYSICAL THERAPY, 8 VISITS on 7/27/15. The request for authorization was not included in provided reports. The patient is s/p a trip to the ER due to severe reflux per 7/27/15 report. The patient is s/p worsening pain in bilateral knees with occasional give way per 7/27/15 report. The patient is currently attending yoga which helps with pain management especially in his back per 7/27/15 report. The patient is s/p 24 sessions of chiropractic treatment which is helpful per 7/27/15 report. The patient has no history of surgery, acupuncture, or physical therapy per review of reports. The patient is currently working the night shift per 7/27/15 report. MTUS Guidelines, Physical Medicine section, pages 98 and 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." The 7/27/15 report states the patient has denied any history of prior physical therapy. The treater is requesting 8 sessions of physical therapy for the knees in an attempt to decrease his pain and increase his activity level per 7/27/15 report. MTUS allows for 8-10 sessions in non-operative cases and the treater's current request for 8 sessions appears reasonable. Hence, the request IS medically necessary.