

Case Number:	CM15-0201760		
Date Assigned:	10/16/2015	Date of Injury:	04/26/2013
Decision Date:	12/01/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 50 year old male who sustained an industrial injury on 4-26-2013. A review of medical records indicates the injured worker is being treated for lumbar spine strain; rule out radiculopathy, and right knee chondromalacia, rule out medial meniscal tear. Medical records dated 9-15-2015 noted lumbar spine burning pain an 8-9 out of 10 and numbness and tingling. Right knee pain was 9 out of 10, and right thigh had occasional throbbing sensation. Physical examination noted thoracic had increased pain towards terminal range of motion. Lumbar had increasing pain toward terminal range of motion. There was paraspinal musculature tenderness to palpation. Knees showed a positive right McMurray's test. Treatment has included a lumbar corset, Hydrocodone, and Lidoderm patches. Utilization review form dated 9-23-2015 noncertified physical therapy 3 x 6 for the right knee and physical therapy 3 x 6 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x6 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS 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: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. In this case, the injured worker has participated in an unknown number of physical therapy sessions for the right knee without efficacy. Additionally, this request for 18 physical therapy sessions exceeds the recommendations of the guidelines; therefore, the request for physical therapy 3x6 for the right knee is determined to not be medically necessary.

Physical therapy 3x6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS 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: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. In this case, the injured worker has participated in an unknown number of physical therapy sessions for the lumbar spine without efficacy. Additionally, this request for 18 physical therapy sessions exceeds the recommendations of the guidelines; therefore, the request for physical therapy 3x6 for the lumbar spine is determined to not be medically necessary.