

Case Number:	CM15-0204491		
Date Assigned:	10/21/2015	Date of Injury:	09/05/2013
Decision Date:	12/07/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/19/2015

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 51 year old female, who sustained an industrial injury on 09-05-2013. She has reported injury to the left knee and low back. The diagnoses have included lumbar spine strain; and left knee medial meniscus tear, moderate patellofemoral chondromalacia. Treatment to date has included medications, diagnostics, activity modification, injection, physical therapy, and home exercise program. Medications have included Mobic and Motrin. A progress report from the treating physician, dated 08-24-2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain and left knee pain; she is working full duty for subsequent employer; and wants restrictions. Objective findings included tenderness to palpation at the lumbar paravertebral musculature with spasm; there is limited motion; tenderness to palpation is noted at the left knee joint line; and MRI is positive for meniscal tear. The provider has noted that he discussed potential for surgery to her left knee and "she is not ready to undergo surgery at this time". The treatment plan has included the request for physical therapy for the left knee (sessions) quantity: 12; and physical therapy for the lumbar spine (sessions) quantity: 12. The original utilization review, dated 10-12-2015, non-certified the request for physical therapy for the left knee (sessions) quantity: 12; and modified the request for physical therapy for the lumbar spine (sessions) quantity: 12, to physical therapy for the lumbar spine (sessions) quantity: 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee (sessions) Qty: 12: 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 current request is for physical therapy for the left knee (sessions) QTY: 12. The RFA is dated 10/06/15. Treatment to date has included medications, diagnostics, activity modification, injection, physical therapy, and home exercise program. The patient is working full-time. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under physical medicine, pages 98, 99 has the following: "Physical Medicine: 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." Per report 08/24/15, the patient reported low back pain and left knee pain. Objective findings of the lumbar spine included tenderness to palpation at the lumbar paravertebral musculature with spasm, and limited motion. Examination of the knees revealed tenderness to palpation is at the left knee joint line. The MRI result was positive for a meniscal tear. The provider discussed potential for surgery for the left knee and "she is not ready to undergo surgery at this time." There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, MTUS allows up to 10 visits for complaints of this nature. The current request is for 12 sessions, which exceeds what is recommended by MTUS. Therefore, this request is not medically necessary.

Physical therapy for the lumbar spine (sessions) Qty: 12: 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 current request is for physical therapy for the lumbar spine (sessions) QTY: 12. The RFA is dated 10/06/15. Treatment to date has included medications, diagnostics, activity modification, injection, physical therapy, and home exercise program. The patient is working full-time. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under physical medicine, pages 98, 99 has the following: "Physical Medicine: 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." Per report 08/24/15, the patient reported low back pain and left knee pain. Objective findings of the lumbar spine included tenderness to palpation at the lumbar paravertebral musculature with spasm, and limited motion. Examination of the knees revealed tenderness to palpation is at the left knee joint line. The MRI result was positive for a meniscal tear. The provider discussed potential for surgery for the left knee and she is not ready to undergo surgery at this time. There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, MTUS allows up to 10 visits for complaints of this nature. The current request is for 12 sessions, which exceeds what is recommended by MTUS. Therefore, this request is not medically necessary.