

Case Number:	CM15-0220170		
Date Assigned:	11/13/2015	Date of Injury:	11/03/2014
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 48 year old male, who sustained an industrial injury on 11-3-2014. Diagnoses include right knee internal derangement, right knee sprain-strain; status post left knee anterior cruciate ligament reconstruction in 2002. Treatments to date include activity modification, medication therapy, twelve (12) physical therapy sessions, right knee cortisone injection, and six (6) acupuncture treatment sessions. On 10-7-15, he complained of ongoing pain in bilateral knees and low back associated with radiation of pain, numbness, and tingling of bilateral lower extremities. The physical examination documented lumbar tenderness with muscle spasms, decreased range of motion, and positive straight leg raise test and positive Braggard's test. There was tenderness in bilateral knees, painful patellar tracking, and positive grinding tests, with decreased range of motion bilaterally. The plan of care included a request for physiotherapy treatment twice a week for four weeks. The appeal requested authorization for eight (8) physiotherapy sessions for the lumbar spine. The Utilization Review dated 11-2-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2 times a week for 4 weeks to 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: Guidelines recommend 8 additional physical therapy sessions to the lumbar spine. Current records indicate that the patient had previously had PT sessions since November 2014. There is no indication of an acute flare or significant change in the patient's condition. It is not clear why home exercise programs could not be instituted. The request for physical therapy sessions to the lumbar spine x 8 is not medically necessary and appropriate.