

Case Number:	CM15-0033075		
Date Assigned:	02/26/2015	Date of Injury:	02/20/2014
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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 29 year old female, who sustained an industrial injury on February 20, 2014. She has reported injury from a fall off a ladder. The diagnoses have included 3mm disc protrusion L4-L5, 3mm synovial cyst arising from the facet joint at L5-S1 per MRI, left knee Osgood-Schlatter's disease, left L5 radiculopathy improved with physical therapy, and a seventeen pound weight loss due to recommended diet and exercise. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of low back pain, slightly decreased with weight loss, low back stiffness with left lower extremity radiculopathy, swelling, ache, and throbbing pain in the left foot/ankle, noting physical therapy helping. The Primary Treating Physician's report dated January 8, 2015, noted the injured worker with an antalgic gait, favoring the left lower extremity. The lumbar spine range of motion (ROM) was noted to be slightly improved, with straight leg raise positive, positive left sciatic notch, and loss of sensation in the L5 nerve distribution on the left continuing to improve secondary to weight loss. A palpable nodule at the tibial plateau of the left knee was noted, with palpation of the nodule painful, and improved swelling. The left ankle was noted to have improved range of motion (ROM) with positive anterior-posterior stress. On January 26, 2015, Utilization Review non-certified additional physical therapy at two times a week for four weeks to the left knee and left ankle, noting the treatment was medically unnecessary, exceeded a reasonable prognosis, were not supported by the submitted documentation, and were not supported by standard guidelines. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On February 23, 2015, the injured worker

submitted an application for IMR for review of additional physical therapy at two times a week for four weeks to the left knee and left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy at two times a week for four weeks to the left knee and left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Pain Outcomes and Endpoints Page(s): 98-99, 8-9.

Decision rationale: The 1/26/15 Utilization Review letter states the Additional physical therapy two times a week for four weeks to the left knee and left ankle requested on the 1/08/15 medical report was denied because the patient already received therapy without functional improvement. There was only one medical report provided for this review. The 1/8/15 report states the patient presents with low back pain with left lower extremity radiculopathy. 6-7/10 intensity. The report states "Physical therapy has improved lumbar, left knee and left ankle pain" the request is to continue PT 2x4. There is no discussion of how many sessions of PT the patient received previously, no documentation of pain with physical therapy, compared to baseline to determine if physical therapy has reduced the patient's pain levels. There is no discussion of any improvement in function or reduction in dependency on medical treatment and the patient has not returned to work. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The patient has already had an unknown number of physical therapy sessions, and there is no documentation of functional improvement. MTUS does not recommend continuing treatment without documentation of functional improvement. Based on the limited information provided for review, the request for Additional physical therapy two times a week for four weeks to the left knee and left ankle, IS NOT medically necessary.