

Case Number:	CM15-0047219		
Date Assigned:	03/19/2015	Date of Injury:	02/02/1998
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/12/2015

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 2/16/15 while carrying construction material he developed pain in his low back, left hip, left ankle and both knees. He was initially diagnosed with a left hip sprain and treated with Motrin. Currently he complains of low back pain. He has sleep disturbances and decreased range of motion of the lumbar spine due to pain. Medications include Motrin, anti-inflammatory, pain medication, Restoril and Prilosec. Diagnoses include lumbar sprain; pain in left leg joint; chondromalacia patellae and left ankle sprain. Treatments to date include physical therapy, knee brace. Diagnostics include MRI of the lumbar spine (4/14/98, 8/23/99); series of lumbar epidural injections (4/28/98, 5/19/98 and 6/2/98); lumbar myelogram (7/21/98); left piriformis release (9/23/98); MRI of the left knee (7/19/99); MRI of the right knee (9/20/99). In the progress note dated 10/14/14 the treating provider requested physical therapy 2 times per week for 6 weeks for the injured workers lumbar spine and bilateral knee symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for Physical Therapy 2 X 6. The request for authorization is not provided. The patient is status-post lumbar epidural injections, 04/28/98, 05/19/98 and 06/02/98. Status-post left piriformis release, 09/23/98. MRI of the lumbar spine, 04/14/98, shows 3-4mm disc bulges at L4-5. MRI of the left knee, 07/19/99, reported as normal. MRI of the right knee, 09/20/99, shows severe chondromalacia and possible cartilaginous loose bodies. The patient recently pulled his hip flexor muscles and is recovering. He also complains of bilateral knee pain. He is having considerable difficulty sleeping. Range of motion of the the lumbar spine is decreased. Positive straight leg raise on the left. Positive PF compression bilaterally. Patient's medications include Motrin, Restoril and Prilosec. The patient is permanent and stationary. MTUS Chronic Pain Management Guidelines, pages 98 and 99 state 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 and 99 state that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated, 01/20/15, treater's reason for the request is "for low back and knee pain." Given the patient's condition, a course of physical therapy would be indicated. However, the request for 12 sessions of physical therapy exceeds what is recommended by MTUS for non-post-op conditions. Therefore, the request is not medically necessary.