

Case Number:	CM15-0053487		
Date Assigned:	03/26/2015	Date of Injury:	04/04/2009
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 4/4/09. He reported low back injury. The injured worker was diagnosed as having sprain/strain neck, sprain/strain shoulder/arm, sprain/strain knee. Treatment to date has included physical therapy, wheeled walker for ambulation, oral medications and (MRI) magnetic resonance imaging of bilateral knees and brain. Currently, the injured worker complains of right knee pain and low back pain worsening. Upon physical exam, moderate pain is noted in cervical spine and severe pain in lumbar spine area with moderate pain in right and left knees. The treatment plan included continuation of physical therapy, request for Tramadol and Alprazolam and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation, bilateral knees x1 (per 2/11/2015 order): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2009. He continues to be treated for right knee and low back pain. When seen, he was having worsening right knee pain. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic pain and has previously has physical therapy. Whether additional physical therapy using a chronic pain treatment approach may help him is unknown. Therefore, the requested evaluation is medically necessary.

Therapeutic exercises 2 times weekly, bilateral knees QTY: 16.00 (per 2/11/2015 order):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2009. He continues to be treated for right knee and low back pain. When seen, he was having worsening right knee pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended. Therefore, the requested treatments are not medically necessary.