

Case Number:	CM13-0021716		
Date Assigned:	12/11/2013	Date of Injury:	04/23/2012
Decision Date:	02/28/2014	UR Denial Date:	08/28/2012
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old male who reported an injury on 04/23/2012 due to a slip and fall that reportedly caused injury to the bilateral knees and low back area. The patient was initially treated conservatively with physical therapy, medications, and corticosteroids injections of the bilateral knees. The patient ultimately underwent knee arthroscopy with partial meniscectomy and medial femoral condyle microfracture and received postsurgical physical therapy. The patient developed lumbar pain with radicular symptoms that was treated with a course of physical therapy, epidural steroid injections and a home exercise program with an H-wave therapy machine. The patient's most recent clinical examination findings included decreased lumbosacral range of motion with motor strength rated at 5/5 in the lower extremities. The patient's diagnoses included a lumbosacral sprain/strain injury. The patient's treatment plan included continuation of medication, physical therapy for the lumbar spine, and participation in a chronic pain program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x Week for 6 weeks for the Lumbar Spine: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The requested physical therapy 2 times a week for 6 weeks for the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does indicate the patient has previously participated in physical therapy and has been transitioned into a home exercise program. California Medical Treatment Utilization Schedule recommends patients participate in a home exercise program to assist with maintaining improvement levels gained during supervised skilled therapy. The clinical documentation does indicate that the patient continues to have range of motion deficits and pain complaints while participating in a home exercise program. Therefore, a short course of physical therapy would be appropriate to re-establish and re-educate the patient in a home exercise program. However, the requested physical therapy 2 times a week for 6 weeks is considered excessive. As such, the requested physical therapy 2 times a week for 6 weeks for the lumbar spine is not medically necessary or appropriate.