

Case Number:	CM14-0110778		
Date Assigned:	08/01/2014	Date of Injury:	02/27/2009
Decision Date:	10/03/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert 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 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/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 injured worker is a 51 year old male who reported a date of injury of 02/27/2009. The mechanism of injury was not indicated. The injured worker had diagnoses of chronic cervical strain, chronic lumbar strain, left knee meniscal tear and status post left knee arthroscopy with residual pain. Prior treatments included physical therapy. Diagnostic studies were not indicated within the medical records received. Surgeries included left knee arthroscopy on 11/22/2013. The injured worker had complaints of persistent neck pain rated at 6/10 that radiated into his arms and hands bilaterally with numbness and tingling, lower back pain at 8/10 that radiated down the legs bilaterally and left knee pain at 7/10. The clinical note dated 04/08/2014 noted the injured worker's lumbar spine range of motion showed 45 degrees of flexion, 10 degrees of extension and 10 degrees of right and left lateral flexion. The injured worker had tenderness to the paraspinal muscles. The injured worker's left knee range of motion showed 130 degrees of flexion and 5 degrees of extension. There was tenderness to the medial and lateral joint lines and 4/5 left quadriceps strength. The physical therapy note dated 06/10/2014 indicated the injured worker's range of motion in the left knee showed 125 degrees of flexion with 3+/5 muscle strength and 8 degrees of extension with 3/5 muscle strength. Medications included Norco and Kara-Tek Gel. The treatment plan included the physician's recommendation for physical therapy 2 times a week for 6 weeks to the left knee and a urine drug screen on the next examination. The rationale was to continue the injured worker's improvements with his functional deficits of the left knee. The request for authorization form was received on 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times a week for 6 weeks, for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: The request for physical therapy, 2 times a week for 6 weeks, for the lumbar spine is not medically necessary. The injured worker had complaints of lower back pain rated 8/10 that radiated down the legs bilaterally. The clinical note dated 04/08/2014 noted the injured worker's lumbar spine range of motion showed 45 degrees of flexion, 10 degrees of extension and 10 degrees of right and left lateral flexion. The California MTUS guidelines recommend physical therapy as active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Patients are instructed and expected to continue therapies at home to maintain improvement levels. The guidelines indicate 9-10 visits over 8 weeks and allow for fading of treatment frequency from up to 3 visits per week to 1 or less. There is a lack of documentation indicating whether the injured worker has had prior physical therapy to the lumbar spine, as well as the efficacy of any prior physical therapy to the lumbar spine. The injured worker is noted to have significant functional deficits of the lumbar spine; however, the request for 12 sessions of physical therapy exceeds the recommended guidelines for the injured worker's condition. As such, the request is not medically necessary.

Physical therapy, 2 times a week for 6 weeks, for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for physical therapy, 2 times a week for 6 weeks, for the left knee is not medically necessary. The injured worker had complaints of left knee pain rated 7/10. The clinical note dated 04/08/2014 noted the injured worker's left knee range of motion showed 130 degrees of flexion and 5 degrees of extension. The injured worker had 4/5 left quadriceps strength. The physical therapy note dated 06/10/2014 indicated the injured worker's range of motion in the left knee showed 125 degrees of flexion with 3+/5 muscle strength and 8 degrees of extension with 3/5 muscle strength. The California MTUS post-surgical guidelines recommend 12 sessions of physical therapy over 12 weeks after meniscectomy. The guidelines recommend a physical medicine treatment period of 6 months. Functional knee exercises post-operatively have been shown to result in a small to moderate short-term, but not long-term, benefit. The injured worker underwent surgical intervention on 11/22/2013. Per the documentation it is noted the injured worker completed at least 12 sessions of physical therapy.

The request for an additional 12 sessions would exceed the guideline recommendations. Additionally, there is a lack of documentation the injured worker has significant functional deficits remaining. As such, the request is not medically necessary.