MAXIMUS Federal Services

Case Number:	CM14-0115444		
Date Assigned:	09/16/2014	Date of Injury:	07/06/2001
Decision Date:	10/15/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/23/2014

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 Occupational and Environmental Medicine and is licensed to practice in Colorado. 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 worker is a 54-year-old who sustained a work-related injury on 7/6/2001 when an object, a hanger rack, struck the back of the workers left knee. The worker eventually underwent total knee replacement surgery. The office visits on 12/30/13, 2/10/14, 3/10/14, 3/24/14, 4/16/14, 07/07/14 each provide documentation of the following examination findings: tenderness at the cervical (trapezius), thoracic (paraspinal musculature), and lumbar (paraspinal) regions, right groin pain with internal rotation, tenderness in the right groin and right trochanter, and a positive Faber sign. On 3/24/2014 there is documentation of limited relief from physical therapy after each surgery (i.e. knee surgery). On 4/16/14 there is documentation of various clinical impressions including right hip degenerative joint disease likely due to compensation of her left leg symptoms, lumbar degenerative disease with possible lumbar radiculopathy contributing to her ongoing symptoms, right greater trochanteric bursitis. There is consideration for her electrodiagnostic studies of the left lower extremity to evaluate radiculopathy. On 07/07/14 there is a summary of the workers medical treatment including 7 prior surgeries to the left knee with 6 arthroscopies and one total knee replacement performed on 4/27/12. There is documentation of subjective complaints of lower backache and left knee pain. There is documentation of examination findings including tenderness of the thoracic spine, cervical spine in the region of the trapezius, right groin pain with internal rotation, tenderness in the groin and right trochanter, a positive Faber test, tenderness to palpation of the right knee in the region of the lateral and medial joint line, and the patella, and. There is documentation of a summary of x-ray findings of the left knee (stable after TKR), lumbar spine (severe DDD with grade 1-2 spondylolisthesis at L5-S1), and pelvis (moderate hip DJD). Prior treatments include steroid injection right greater trochanter and left knee with no relief, physical therapy with TENS after each surgery with mild relief, exercise, and mild relief. The pain level is documented to have remained unchanged since

the last visit although also documented is an increased left knee pain. The activity level documented as the same. There is use of Percocet and Neurontin. There is a summary that the worker saw an orthopedist in October of 2013 who did not opine that revision of the knee would be necessary and rendered a consideration for a lumbar radiculopathy as the possible etiology for the left lower extremity pain. There was recommendation for a lumbar MRI and possible epidural steroid injection. There is documentation that the MRI scan of the lumbar spine was denied. There is request for 6 physical therapy sessions to address the cervical spine extending to the lumbar spine full core strengthening, stabilization, and to teach the patient a home exercise program. On 7/14/14 there are the following diagnoses listed: Lumbar radiculopathy, hip pain, degenerative hip, knee pain, pain in the joints of lower leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of physical therapy for the cervical and lumbar spine: Overturned

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

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

Decision rationale: The available medical records do not describe that the worker has completed physical therapy directed toward the cervical, thoracic, or lumbar spine regions. There is consistent documentation of abnormal symptoms and findings in these anatomical regions. The available records do not supply specific details of the type of physical therapy completed following surgery, (i.e. whether these treatments also included physical therapy treatment for the spinal regions). Also, the available records do not supply specific details of the effects of treatment on the worker's symptoms and function. The request for 6 physical therapy treatments does meet the specific clinical indications as provided by the MTUS as medically necessary and appropriate for either radiculitis (i.e. 8-10 visits over 4 weeks) or myalgia and myositis (i.e. 9-10 visits over 8 weeks).