

Case Number:	CM14-0134445		
Date Assigned:	08/27/2014	Date of Injury:	05/22/2012
Decision Date:	11/24/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/20/2014

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 Family Medicine 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:

This is a 33-year-old male patient who reported an industrial injury on 5/22/2012, 2 years ago, to the bilateral knees and lower back attributed to the performance of his usual and customary job tasks reported as falling off of a lettuce-cutting machine. The patient complained of bilateral anterior lateral knee pain aggravated by walking on inclines. The left knee was reported to have popping and clicking but no locking. The patient was not noted to have any functional improvement after 24 sessions of chiropractic care the patient has received ongoing chiropractic care to the back and knees. The patient was provided an orthopedic consultation. The patient was diagnosed with bilateral chondromalacia patella and lumbago. The treatment plan included corticosteroid injection to both knees under fluoroscopic guidance along with 12 sessions of physical therapy to the lumbar spine. The MRI of the right knee dated 10/4/2012, documented evidence of a lateral meniscus tear and mild degenerative osteophytes spurring of the medial lateral compartments. The left knee MRI dated 10/4/2012, documented small osteophyte medial and lateral compartments, lateral meniscus with internal tear versus degeneration. The MRI of the lumbar spine dated 9/7/2012, demonstrated evidence of a central disc protrusion at L4-L5, grade 1 spondylolisthesis L5-S1, and foraminal narrowing bilaterally. The objective findings on examination included "left knee with one plus effusion, pain and crepitation with patellar compression, lateral joint line tenderness, positive McMurray's sign and popping and pain in the lateral compartment with range of motion; no pain to the lumbar spine with ROM; normal neurological examination; TTP to the lumbar spine with spasms." The patient was documented to have the diagnoses of bilateral lateral meniscus tears; bilateral knee pain; bilateral chondromalacia patella; intermittent RLE radiculopathy; and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 10 Sessions for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.300, Chronic Pain Treatment Guidelines physical medicine Page(s): 97-98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-PT; back chapter-PT

Decision rationale: The request is for authorization of 10 sessions of PT to the back 2 years after the DOI exceeds the number of sessions of PT recommended by the CA MTUS and the time period recommended for rehabilitation. The evaluation of the patient documented no objective findings on examination to support the medical necessity of physical therapy over the recommended self-directed home exercise program with documented weakness but no muscle atrophy as opposed to a self-directed HEP. There are no objective findings to support the medical necessity of 10 additional sessions of physical therapy for the rehabilitation of the patient over the number recommended by evidence-based guidelines. The patient is noted to be status post 24 sessions of chiropractic care/physiotherapy. The patient is documented with no signs of significant weakness, no significant reduction of ROM, or muscle atrophy. There is no demonstrated medical necessity for the prescribed PT to the back 2 years after the DOI. The patient is not documented to be in HEP. There is no objective evidence provided by the provider to support the medical necessity of the requested 10 additional sessions of PT over a self-directed home exercise program. The CA MTUS recommends ten (10) sessions of physical therapy over eight (8) weeks for the lumbar spine rehabilitation subsequent to lumbar/thoracic strain/sprain and lumbar spine DDD with integration into HEP. The provider did not provide any current objective findings to support the medical necessity of additional PT beyond the number recommended by evidence based guidelines. The request for an additional 10 sessions of physical therapy directed to the back is not demonstrated to be medically necessary over the recommended self-directed home exercise program. The patient has exceeded the CA MTUS recommended time period for rehabilitation of a lower back strain or lumbar radiculopathy. The request is not medically necessary.