

Case Number:	CM14-0150613		
Date Assigned:	09/18/2014	Date of Injury:	01/12/2009
Decision Date:	10/17/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/16/2014

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 Internal Medicine and is licensed to practice in Virginia and District of Columbia. 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 64 year old patient who sustained injury on Jan 12 2009. He was diagnosed with a lumbar disc bulge and facet arthropathy and left knee arthritis. He was diagnosed also with left knee meniscus tear. He had left knee surgery(meniscus resection, chondroplasty, synvectomy) on May 2012 and an MRI of the lumbar spine to rule out spinal stenosis and then had a total knee replacement. MRI of the lumbar spine on Feb 14 2014 showe disc bulges at L4-5 and L5-S1. He had ongoing left knee complaints and back pain. ██████ saw the patient on Feb 24 2014 and noted that the patient was prescribed NSAIDS, light analgesics and physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12,Chronic Pain Treatment Guidelines physical treatment Page(s): 30,59,.

Decision rationale: Per ACOEM and MTUS guidelines, physical treatment methods recommended: manipulations of low back during first month of symptoms without radiculopathy C)optional: manipulation for patients with radiculopathy C), relaxation techniques D), at home

applications of local heat or cold to low back D), shoe insoles C), in occupational setting, corset for prevention C). Not recommended: manipulation for patients with undiagnosed neurologic deficits D), prolonged course of manipulation(longer than 4 weeks) D), traction B), TENS C), biofeedback C), shoe lifts D), corset for treatment D) Chapter 13-knee complaints Table 13-6 Summary of recommendation for evaluating and managing knee complaints clinical measure: physical treatment methods Recommended: non-operative rehabilitation for medial collateral ligament injuries C,D), short postoperative rehabilitation for ACL repair prior to home exercise program D), conservative treatment for selected ruptures of the ACL D), exercise for cases of anterior knee pain or ligament strain D). Not recommended: passive modalities without exercise program D), manipulation D. Per ODG, physical therapy (PT) guidelines, allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under PT in the ODG preface, including assessment after a 'six-visit clinical trial'. Lumbar strains and sprains: 10 visits over 8 weeks. Lumbago: backache, unspecified:9 visits over 8 weeks intervertebral disc disorders without myelopathy. Medical treatment: 10 visits over 8 weeks. Spinal stenosis: 10 visits over 8 weeks. Pain in joint; effusion of join: 9 visits over 8 weeks. Per guidelines listed, the patient is prescribed an excess number of visits allotted. This would not be medically indicated. Therefore the request is not medically necessary.