

Case Number:	CM14-0180568		
Date Assigned:	11/05/2014	Date of Injury:	10/30/2012
Decision Date:	12/09/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/30/2014

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 Practice and is licensed to practice in Ohio. 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 36 year old female who developed low back, left knee, and right shoulder pain over time and reported on 10-30-2011. An MRI scan of the left knee was unremarkable. An MRI scan of the right shoulder revealed a partial rotator cuff tear. An MRI scan of the cervical spine revealed mild disc protrusions of doubtful clinical significance. She has had physical therapy, acupuncture, and chiropractic treatments of the right shoulder but not the low back or left knee. The physical exam reveals tenderness to palpation to the inferior aspect of the knee with negative provocative testing. The low back reveals diminished lumbar range of motion with spasm and guarding at the lumbar base. Straight leg raise testing is negative bilaterally. She has been taking tramadol for pain as NSAIDs caused intestinal issues. The diagnoses include lumbosacral sprain, rotator cuff tendinosis and partial rotator cuff tear, patellofemoral syndrome, ulnar nerve lesion, neck sprain/strain, and carpal tunnel syndrome. At issue is a formal request on 10-27-2014 for physical therapy for the low back and left knee for 12 visits. There is a notation in a progress note from 10-16-2014 that the request was being modified to 6 visits, but the reviewed formal request is for 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 visits - Low Back and Left Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and Knee, Physical Therapy

Decision rationale: Physical medicine treatment is recommended for knee issues with limited positive evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. See also specific modalities. Acute muscle strains often benefit from daily treatment over a short period, whereas chronic injuries are usually addressed less frequently over an extended period. It is important for the physical therapy provider to document the patient's progress so that the physician can modify the care plan, if needed. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (eg, joint range-of-motion and weight-bearing limitations, and concurrent illnesses). For sprains and strains of the knee and the leg, 12 physical therapy visits are allowed over 8 weeks. For chondromalacia of the patella, 9 visits over 8 weeks are allowable. There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. For lumbar strains and sprains, the guidelines allow for 10 visits over 8 weeks. Therefore, in this instance the quantity of physical therapy requested exceeds that allowable by the guidelines for the diagnoses given. 12 visits of physical therapy for the low back and left knee are not medically necessary when considered together.