

Case Number:	CM14-0029059		
Date Assigned:	06/27/2014	Date of Injury:	05/08/2012
Decision Date:	08/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/06/2014

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 44-year-old male who reported an injury on 05/08/2012. The injured worker reportedly sustained an injury to his lumbar spine and right knee. The injured worker's treatment history included physical therapy. The injured worker was evaluated on 02/06/2014. It was documented that the patient had low back pain complaints rated 6/10 radiating into the right lower extremity and right knee pain rated 3/10. Physical findings included a positive straight leg raising test on the right at 35 degrees, a positive Yeoman's, a positive Erichsen's test. Evaluation of the right knee documented positive medial and lateral stability with a positive Lachman's and a favored gait to the right. The injured worker's diagnoses included lumbar sprain and internal derangement of the right knee. The injured worker's treatment plan included additional physical therapy and a home exercise kit for the lumbar spine and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: 8 sessions (2X4): Upheld

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

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

Decision rationale: The requested physical therapy 8 sessions is not medically necessary or appropriate. The clinical documentation submitted for review indicates that the injured worker has an extensive treatment history of physical therapy. California Medical Treatment Utilization Schedule recommends that injured worker's be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. There are no factors to preclude further progress while participating in a home exercise program. Therefore, the need for additional physical therapy is not established. Furthermore, the request as it is submitted does not specifically identify a body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested physical therapy 8 sessions (2 times per week for 4 weeks) is not medically necessary or appropriate.

Home exercise kit for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

Decision rationale: The requested home exercise kit for the lumbar spine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend one exercise program over another. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to a self-directed and self-managed home exercise program and requires additional equipment to maintain improvement levels obtained during skilled physical therapy. Therefore, the need for an exercise kit for the lumbar spine is not clearly established. As such, the requested home exercise kit for the lumbar spine is not medically necessary or appropriate.

Home exercise kit for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

Decision rationale: The requested home exercise kit for the right knee is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend one exercise program over another. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to a self-directed and self-managed home exercise program and requires additional equipment to maintain improvement levels obtained during skilled physical therapy. Therefore, the need for an exercise kit for the right knee is not clearly established. As such, the requested home exercise kit for the right knee is not medically necessary or appropriate.