

Case Number:	CM14-0098974		
Date Assigned:	07/28/2014	Date of Injury:	05/26/2013
Decision Date:	10/06/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/27/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The injured worker is a 60 years old female with an injury date on 05/24/2013. Based on the 04/29/2014 progress report, the diagnoses are: 1. Right wrist tendinitis 2. Lumbar discopathy and right lower extremity pain 3. Right knee internal derangement 4. Headaches. According to this report, the injured worker complains of low back pain and right knee. The pain is rated as a 5/10. The injured worker "has been going to physical therapy and states that does feel good benefits with it." The injured worker is currently working on modified duty with work restriction of no lifting over 20 pounds." Physical exam reveals tenderness over the thoracolumbar spine down to the base of the pelvis, over the buttocks, hamstrings muscles, and medial joint line if the right knee. Range of motion of the lumbar spine and right knee are restricted. McMurry's test and varus-valgus test are positive. There were no other significant findings noted on this report. The utilization review denied the request on 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy (2 times a week for 4 weeks for the lumbar spine and right knee):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 04/29/2014 report, injured worker presents with low back pain and right knee pain. The providing physician is requesting 8 sessions of physical therapy for the lumbar spine and right knee. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of reports show the injured worker has had 8 sessions of physical therapy from 04/23/2014 to 05/30/2014 with slight improvement and pain level as a 5/10. However, the providing physician does not discuss the injured worker's treatment history or the reasons for requested additional therapy. No discussion is provided as to why the injured worker is not able to perform the necessary home exercises. MTUS page 8 requires that the providing physician provide monitoring of the injured worker's progress and make appropriate recommendations. Given that the injured worker has had 8 sessions recently, the requested 8 additional sessions exceed what is allowed by MTUS guidelines. The request for 8 Physical Therapy (2 times a week for 4 weeks for the lumbar spine and right knee) is not medically necessary.