

Case Number:	CM14-0014623		
Date Assigned:	02/28/2014	Date of Injury:	09/18/2013
Decision Date:	03/10/2015	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 48-year-old male with date of injury of 09/18/2013. The documents provided did not include a progress report to determine the patient's current subjective symptoms and objective findings. A physician's certificate dated 12/05/2013 notes a diagnosis of low back syndrome, lumbar/lumbosacral disc degeneration, knee arthralgia and knee condromalacia patella. The patient was given an injection; however, details were not provided. He is temporarily disabled for 6 weeks. The utilization review denied the request on 01/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY LEFT KNEE, 12 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 01/09/2014)

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

Decision rationale: This patient presents with lumbar spine and left knee pain. The treater is requesting PHYSICAL THERAPY, LEFT KNEE, 12 SESSIONS. The patient's current work status is TTD. The MTUS Guidelines pages 98 and 99 on physical medicine recommend 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any physical therapy reports. The utilization review modified the request to authorize 2 sessions of physical therapy for the left knee. The only progress report provided for review dated 12/05/2013 does not document subjective complaints or physical examination to determine the patient's current status. The MTUS Guidelines page 8 on pain outcomes and endpoints states, the physician should periodically review the course of treatment of the patient and any new information about the etiology of pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress towards treatment objectives. In this case, it is unclear from the documents provided how the patient is doing. There is no discussion about the patient's current subjective complaints and physical examination. Furthermore, the request for 12 sessions of physical therapy for the left knee exceeds MTUS recommended 8 to 10 visits. The request IS NOT medically necessary.

PHYSICAL THERAPY FOR THE LUMBAR SPINE, 12 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK-LUMBAR & THORACIC (ACUTE & CHRONIC)

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

Decision rationale: This patient presents with low back and knee pain. The treater is requesting PHYSICAL THERAPY FOR THE LUMBAR SPINE 12 SESSIONS. The patient's work status is TTD. The MTUS Guidelines pages 98 and 99 on physical medicine recommend 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The utilization review modified the request to authorize 2 sessions of physical therapy for the lumbar spine. No physical therapy reports were provided for review. The only progress report dated 12/05/2013 does not discuss any previous physical therapy to the lumbar spine, no discussions of the patient's current subjective symptoms, and no discussions of physical examination. MTUS page 8 under pain outcomes and endpoints states, the physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress towards treatment objectives. While the guidelines support a trial of physical therapy, there is no discussion about the patient's current status including reports of subjective complaints or physical examination. Furthermore, the requested 12 sessions exceeds MTUS recommended 8 to 10 visits. The request IS NOT medically necessary.