

Case Number:	CM14-0174226		
Date Assigned:	10/28/2014	Date of Injury:	01/23/2013
Decision Date:	09/28/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/22/2014

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: Preventive Medicine, Occupational Medicine

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 46 year old male sustained an industrial injury to the back and left knee on 1-23-13. Previous treatment included physical therapy (at least 8 sessions) and medications. Documentation did not disclose the amount of previous therapy or recent magnetic resonance imaging. In the only documentation submitted for review, a PR-2 dated 9-18-14, the injured worker complained of persistent back pain, rated 8 out of 10 on the visual analog scale, and left knee pain, rated 2 out of 10. The injured worker stated that his low back pain was frequent and worsening. His left knee pain was improved. The injured worker stated that his pain was made better with therapy, rest and medications. Physical exam was remarkable for lumbar spine with decreased range of motion, tenderness to palpation to the left paraspinals and sacroiliac joint with positive Kemp's sign on the left and normal strength and sensation and left knee with full range of motion, 5 out of 5 strength, tenderness to palpation at the joint line and positive valgus and varus tests. The injured worker walked with an antalgic gait. Current diagnoses included left knee meniscal tear and acute lumbar strain with disc herniation. The physician stated that the injured worker got tremendous relief and increased functionality with the previous physical therapy sessions the injured worker completed over a month ago. The injured worker stated that he was able to ambulate for a longer period of time as opposed to before therapy. The treatment plan included additional physical therapy (twice a week for six weeks), continuing topical compound cream and urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x a week for 6 weeks, lumbar spine: Upheld

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

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

Decision rationale: MTUS Guidelines consider from 8-10 sessions of hand on therapy as adequate for chronic low back pain. The Guidelines expect that this adequate hands on treatment to educate an individual regarding safe and necessary activity. The Guidelines do not support the long-term application of modalities in a physical therapy setting. This individual has completed at least 8 sessions of therapy and the request for an additional 12 sessions significantly exceeds Guidelines without adequate justification. The Physical Therapy 2x a week for 6 weeks, lumbar spine is not supported by Guidelines and is not medically necessary.