MAXIMUS Federal Services

Case Number:	CM14-0201311		
Date Assigned:	12/11/2014	Date of Injury:	11/27/1995
Decision Date:	01/27/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine and is licensed to practice in 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 patient is a 52 year old male cement mason with a date of injury of 11/27/1995. He was a passenger in a dump truck that lost control and crashed into the center divider in a higway. He reported pain and weakness of his back, right knee, right leg and right foot. He has chronic back pain and knee pain. On 08/06/2013 he had completed 12 physaical therapy visits for his knee. On 05/14/2014 he noted he had a bad back and bad knees. He was taking Nabumetone, Nasprosyn, Norco, Flexeril and Motrin. He was last seen in that office on 10/10/2013 for a lumbar herniated disc with lumbar radiculopathy and had a caudal epidural steroid injection. He was 6'1" tall and weighed 262 pounds. He had a normal gait and did not use any assist device. He had old knee surgical scars. Lumbar range of motion was 80% of normal and was tender to palpation. The right knee range of motion was 70% of normal. Straight leg raising was negative. Motor strength and reflexes were normal. Sensation was normal. It was noted that he needs left knee meniscus surgery. He had right knee pain and might need a right knee replacement. On 05/19/2014 he had mild right knee swelling. There was tenderness to palpation of both the medial and lateral joint line. X-ray that day revealed right knee degenerative changes. The impression was right knee degenerative joint disease. He was to consider a total knee arthroplasty. On 07/29/2014, on 09/11/2014 and on 09/22/2014 he had the same findings and recommendation as on 05/19/2014. It was noted that he had failed previous right knee physical therapy, medication and injections. On 10/03/2014 it was noted that he had a physical therapy re-evaluation and he previously had physical therapy, ultrasound, electrical stimulation, therapeutic exercise, joint mobilization and paraffin diathermy. He also had therapy on 07/17/2013. On 10/22/2014 he had completed 6 visits of physical therapy. He was able to walk two miles but would be sore afterwards. On 11/03/2014 8 more physical therapy visits were completed. The request is for 4 more physical therapy visits for his lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the lumbar spine two times a week for two weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-316.

Decision rationale: The patient has had numerous courses of physical therapy for his lumbar spine. MTUS, ACOEM, Chapter 12, Low Back Complaints notes that a few physical therapy visits might be medically necessary. The purpose of the physical therapy visits was for instruction in a home exercise program which he has already received. There is no documentation that the previous lumbar physical therapy provided any functional improvement. He continues to be out of work. Also, by this point in time relative to the injury he should have been transitioned to a home exercise program. There is no objective documentation that continued formal physical therapy is superior to a home exercise program at this point in time relative to the injury.