

Case Number:	CM14-0218391		
Date Assigned:	01/08/2015	Date of Injury:	10/22/1991
Decision Date:	03/10/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/30/2014

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:

This is a 67 year old male who sustained an industrial accident on 10/22/1991. The injured worker has diagnoses of lumbar spinal stenosis and is status post right total knee replacement and revision. Treatment to date has included physical therapy, medications and a home exercise program. With persistent back pain an epidural may be considered. The treating physician is requesting physical therapy 2 times a week for 4 weeks to the right knee, lumbar and or sacral vertebrae. Utilization Review dated 12/19/2014 modified the request for physical therapy 2 times a week for 4 weeks to the right knee, lumbar and or sacral vertebrae to six sessions of physical therapy to the right knee, and lumbar and or sacral vertebrae. Guidelines cited were California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), and Official disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times a week for 4 weeks; quantity 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy, Lumbar

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

Decision rationale: This patient presents with lumbar spine stenosis, and s/p right total knee replacement and revision in 2004. The request is for physical therapy 2 x 4, total 8 visits for the right knee, lumbar and sacral vertebrae. The request was certified by utilization review letter dated 12/19/14 with modification to total 6 visits of physical therapy. The patient had knee surgery in the past but post-operative time frame does not apply. For non-post-op therapy recommendations, MTUS pages 98,99 state to "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Furthermore, for "Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks." The utilization review letter reports that the patient completed 8 sessions of physical therapy in 2014. Per 11/20/14 report, the treater states 'the patient has been undergoing physical therapy, which has been helpful.' However, the treater does not document how many treatments this patient has had recently and why the patient is not able to transition into a home exercise program. The treater would like better pain control with physical therapy but does not explain why a formalized therapy intervention is needed. Given some recent therapy, the requested additional 8 sessions likely exceeds what is allowed by MTUS for this type of condition. The request IS NOT medically necessary.