

Case Number:	CM15-0103849		
Date Assigned:	06/08/2015	Date of Injury:	04/28/2000
Decision Date:	07/07/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 52 year old female, who sustained an industrial injury on April 28, 2000, incurring neck, back and knee injuries. She was diagnosed with cervical and lumbar degenerative disc disease and a knee sprain. Magnetic Resonance Imaging of the brain and cervical spine revealed a diagnosis of multiple sclerosis. Treatment included pain medications, anti-inflammatory drugs, muscle relaxant, topical analgesic cream, proton pump inhibitor, epidural steroid injection and work restrictions. In 2008, a cervical Magnetic Resonance Imaging revealed disc protrusions and neuroforminal stenosis. In 2012, a lumbar Magnetic Resonance Imaging showed degenerative disc disease with disc bulging. Currently, the injured worker complained of recurrent neck, back and leg and left knee pain. The treatment plan that was requested for authorization included physical therapy of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Knee & Leg Procedure Summary online version last updated 2/27/15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy #8 is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical and lumbar degenerative disc disease; and knee sprain. The date of injury was 15 years ago, April 28th 2000. Subjectively, the injured worker has complaints of back pain, leg pain and knee pain. Physical examination did not show instability or joint line tenderness in the knee. X-rays of the knee did not show significant radiologic findings. Prior physical therapy is not documented in the medical record and it is unclear whether the injured worker received any prior physical therapy. A six visit clinical trial is appropriate prior to continuing with physical therapy. The treating provider requested 8 physical therapy sessions in an injured worker with a 15-year-old date of injury. There were minimal clinical findings on examination. Consequently, absent documentation with significant clinical findings in a 15-year-old injury with a request for 8 physical therapy sessions in place of a six visit clinical trial, physical therapy #8 is not medically necessary.