

Case Number:	CM15-0107417		
Date Assigned:	06/11/2015	Date of Injury:	03/27/1997
Decision Date:	07/15/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/04/2015

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

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 injured worker is a 54 year old male, who sustained an industrial injury on March 27, 1997. He reported that he was bending down and picking up a twelve pack of beverages when he felt an onset of severe pain in his low back. The injured worker was diagnosed as having multilevel lumbar disc herniation, right knee meniscal tear status post arthroscopy, post-traumatic osteoarthritis of the right knee, left knee medial compartment osteoarthritis, rule out meniscal tear of the left knee, and lower extremity radicular pain. Treatment to date has included physical therapy, x-rays, MRIs, epidural injections, bilateral knee surgeries, and medication. Currently, the injured worker complains of lower back and bilateral knee pain. The Primary Treating Physician's report dated April 22, 2015, noted the injured worker rated his lower back pain at 6.5/10, the left knee at 7/10, and the right knee at 6/10, with pain improved with rest and medication. Physical examination was noted to show lumbar spine decreased range of motion (ROM), with tenderness over the paraspinal muscles and the sacroiliac joint on the right. Straight leg raise was noted to be positive on the right. Examination of the bilateral knees was noted to show decreased range of motion (ROM) with 1+ swelling of the left knee and positive valgus and varus stress tests on the left. The treatment plan was noted to include requests for authorization for consultation with a spine surgeon, physical therapy for the lumbar spine, bilateral L4-L5 and L5-S1 facet joint injections, and Flurbiprofen/Lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional physical therapy for the lumbar spine, 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99 of 127.

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 bilateral knee pain. The current request is for 8 additional physical therapy for the lumbar spine, 2 times a week for 4 weeks. The RFA is dated 05/05/15. Treatment to date has included physical therapy, x-rays, MRIs, epidural injections, bilateral knee surgeries, and medication. The patient remains off work. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Physical examination on 04/22/15 revealed decreased range of motion (ROM) in the lower back, with tenderness over the paraspinal muscles and the sacroiliac joint on the right. Straight leg raise was noted to be positive on the right. Examination of the bilateral knees was noted to show decreased range of motion (ROM) with 1+ swelling of the left knee and positive valgus and varus stress tests on the left. The treater recommended physical therapy for the lumbar spine. Report 01/12/15 made a request for 3x6 physical therapy sessions. There are no physical therapy reports provided for review. The exact number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports. On 04/22/15, the treater recommended additional 2x4 PT sessions. In this case, there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.