

Case Number:	CM15-0012583		
Date Assigned:	01/30/2015	Date of Injury:	08/28/2012
Decision Date:	03/18/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 48 year old male patient, who sustained an industrial injury on 08/28/2012. A primary treating office visit dated 10/09/2014 reported the patient with subjective complaint of left knee pain and low back pain with radicular symptoms to bilateral legs. Physical examination found the left knee range of motion at 0-120 degrees. There is a healed arthroscopic incision. There is minimal tenderness noted over the medial left joint; overall range of motion improving. Lumbar spine is found with flexion at 50 degrees, extension at 10 degrees and bending right/left is 30 degrees. There is positive straight leg raise at 75 degrees bilaterally. There is hypoesthesia at the anterolateral aspect of foot/ankle of an incomplete nature noted at L5-S-1 dermatome level, bilaterally. There is paraspinal tenderness with spasms. He is diagnosed with lumbar disc herniation at L5-S1 with segmental instability, retrolisthesis, herniated lumbar disc L4-5, L3-4 with radiculitis/radiculopathy; left greater than right; status post epidural injection. At the 10/2014 visit, the claimant was noted not to have benefited from prior "physical methods". He is status post left knee arthroscopy 04/16/2014. On 01/07/2015 Utilization Review non-certified a request for postoperative physical therapy 12 sessions treating the left knee and 12 additional physical therapy session treating the lumbar spine, noting the CA MTUS Chronic Pain, Official Disability Guidelines Knee & Leg Physical Medicine and Low Back Physical Therapy were cited. The injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post operative physical therapy 2x6 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Physical Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation knee pain

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits:-Myalgia and myositis, unspecified 9-10 visits over 8 weeks-Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks-Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ODG guidelines, post-knee surgery/arthroscopy may require 12 sessions of therapy. In this case, the amount of prior therapy completed and its response is unknown. There is no indication that the claimant cannot perform home exercise. The additional therapy is not justified and not medically necessary.

Additional physical therapy 2x6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299,Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. - Myalgia and myositis, unspecified 9-10 visits over 8 weeks-Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks-Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. In addition, the physician had mentioned that prior "physical" methods did not provide the claimant benefit. Consequently, additional therapy sessions are not medically necessary.