

Case Number:	CM15-0014786		
Date Assigned:	02/02/2015	Date of Injury:	01/15/2011
Decision Date:	03/19/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/26/2015

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: 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 50 year old female, who sustained an industrial injury on 01/15/2011. She has reported pain in the right knee and low back. The diagnoses have included intervertebral disc disorder; lumbago; cervicalgia; chondromalacia of patella. Treatment to date has included medications, epidural steroid injection, chiropractic, and physical therapy. Medications have included Flexeril and Cymbalta. A progress note from the treating physician, dated 12/29/2015, documented a follow-up visit with the injured worker. The injured worker reported that she has stayed the same since last visit; and wishes to continue physical therapy. Objective findings included decreased flexion range of motion of the lumbar spine; no paraspinal muscle tenderness in the lumbar spine; and no medial joint line tenderness of the right knee. The treatment plan has included medications; request for physical therapy for duration 3 x 3 to increase and/or maintain functional gains; and follow-up evaluation. On 01/08/2015 Utilization Review noncertified 1 prescription of Physical therapy three times a week for three weeks for the right knee and the lumbar spine. The CA MTUS, Physical Medicine Guidelines was cited. On 01/26/2015, the injured worker submitted an application for IMR for review of Physical therapy three times a week for three weeks for the right knee and the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 3 weeks for the right knee and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98 (pdf format).

Decision rationale: Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of musculoskeletal conditions. Recommendations state that for most patients with more severe acute and subacute pain conditions an initial period of therapy sessions is indicated followed by further sessions as indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case, the claimant has completed multiple therapy sessions and per the medical documentation is minimally symptomatic with a near normal physical examination. In addition she is proficient with her home exercise program. There is no specific indication for additional physical therapy sessions. Medical necessity for the requested physical therapy sessions has not been established. The requested service is not medically necessary.