

Case Number:	CM15-0015983		
Date Assigned:	02/04/2015	Date of Injury:	08/19/2013
Decision Date:	03/27/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/28/2015

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 48 year old male, who sustained an industrial injury on 8/19/2013, while employed as a bus driver. The diagnoses have included anxiety/depression, adhesive capsulitis of shoulder, sprains and strains of unspecified site of shoulder and upper arm, degeneration of lumbar or lumbosacral intervertebral disc, and sprains and strains of unspecified site of knee and leg. Treatment to date has included conservative measures. Imaging study of the left hip, dated 8/20/2014, showed mild degenerative changes. Imaging of the lumbar spine, dated 8/20/2014, noted mild degenerative changes. Currently, the injured worker complains of persistent pain in his lower back, rated 4-5/10, occasional right shoulder pain, rated 1-2/10, constant left knee pain, rated 6-7/10, and constant left hip pain, rated 3-4/10. Motrin was used for pain, reducing it from 5/10 to 1/10. Physical exam noted decreased range of motion to the lumbar spine with tenderness over the paraspinal muscles. Kemp's test was positive bilaterally and straight leg test was positive at 60 degrees to posterior thigh on the left. Decreased strength and sensation was noted on the left at L4, L5, and S1. Exam of the left knee revealed one plus swelling and decreased range of motion. There was also tenderness to the medial joint line. Physical therapy was recommended and the injured worker denied having physical therapy to date. On 12/29/2014, Utilization Review non-certified a request for 6 physical therapy sessions for the left knee and lumbar spine (2x3), noting the lack of compliance with MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 outpatient physical therapy for the left knee, 2 sessions per week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient was injured on 08/19/13 and presents with pain in his lumbar spine, right shoulder, left knee, and left hip. The request is for 6 OUTPATIENT PHYSICAL THERAPY FOR THE LEFT KNEE 2 SESSIONS PER WEEK FOR 3 WEEKS. The 12/18/14 RFA states that the request is for physical therapy to the left knee and lumbar spine. The patient is on modified work duty till 12/08/14. He is limited to lifting 20 lbs and if restrictions cannot be accommodated, then the patient should be considered temporarily totally disabled. MTUS page 98 and 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 page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Review of the reports provided does not indicate if the patient had a recent surgery. There is no discussion as to why the patient is unable to do a home exercise program to manage pain. Furthermore, the requested 12 sessions of therapy exceeds what is allowed by MTUS guidelines. The requested physical therapy IS NOT medically necessary.