

Case Number:	CM15-0017143		
Date Assigned:	02/03/2015	Date of Injury:	10/18/2013
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60 year old male, who sustained an industrial injury on October 18, 2013. The diagnoses have included spondylolisthesis spondylitic type L5-S1, broad-based protrusion at L4-L5 with facet arthrosis, bilateral knee osteoarthritis and right ankle anterior lateral gutter syndrome. Treatment to date has included medication, chiropractic care.. Currently, the injured worker complains of ongoing pain to the low back, knees and right foot. On examination, the injured worker had tenderness to the lumbar spine, decreased range of motion and decreased strength in the lower extremities. He had an antalgic gait. The injured worker had an effusion and crepitus in the right knee and instability with valgus and varus. Imaging of the knees revealed tricompartmental osteoarthritis. On January 15, 2015 Utilization Review modified a request for physical therapy x 12 for the lumbar spine, bilateral knees and right ankle, noting that the physical therapy is indicated; however, at a modified number of two to allow for functional improvement and/or a decrease in pain as well as re-education in a prescribed self-administered program and assessment of compliance. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines were cited. On January 26, 2015, the injured worker submitted an application for IMR for review of physical therapy x 10 for the lumbar spine, bilateral knees and right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 for the lumbar spine, bilateral knees and right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

Decision rationale: Physical therapy 2x6 for the lumbar spine, bilateral knees and right ankle is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits of therapy for this patient's condition. The documentation is not clear whether the patient has had prior knee or ankle physical therapy. The documentation states that the patient has not had prior low back therapy. Without clarification of the amount of prior therapy for each body part as well as the fact that the request exceeds the number of visit recommended the the MTUS, this request is not medically necessary.