

Case Number:	CM15-0110869		
Date Assigned:	06/17/2015	Date of Injury:	11/02/2013
Decision Date:	07/16/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/09/2015

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, Indiana, 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 36-year-old male, who sustained an industrial injury on 11/2/13. The injured worker was diagnosed as having lumbar radicular symptomatology, L3-4 disc desiccation and degeneration and resolving left ankle strain. Treatment to date has included physical therapy, anti-inflammatory medications and activity restrictions. Currently, the injured worker complains of persistent pain of low back with radiation to left lower extremity and retropatellar left knee pain. He has had some improvement with physical therapy. He may work with modified restrictions. Physical exam noted moderate tenderness about the right and left paralumbar muscles with restricted range of motion. The treatment plan included physical therapy for modalities, lumbar stabilization and left knee strengthening exercises, refill of ibuprofen and Prilosec and pain management consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy sessions to the left knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are persistent symptomatic lumbar radicular symptoms with abnormal EMG and nerve conduction study. L3-L4 disk desiccation and degeneration. Symptomatic chondromalacia and unremarkable MRI and resolving left ankle strain. The medical record contains 12 pages. A single progress note dated March 27, 2015 states the injured worker has pain in the right and left lower back and retro patellar region of the left knee. The worker received 12 physical therapy sessions to date. The worker has been treated in excess of 18 months. There are no compelling clinical facts in the medical record indicating additional physical therapy over the recommended guidelines is clinically warranted. There is no documentation demonstrating objective functional improvement with prior physical therapy. Consequently, absent clinical documentation with evidence of objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, 12 physical therapy sessions to the left knee is not medically necessary.