

Case Number:	CM15-0112076		
Date Assigned:	06/18/2015	Date of Injury:	11/23/2005
Decision Date:	07/17/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on 11/23/2005. She reported low back pain while lifting and stacking heavy boxes of blinds. The injured worker was diagnosed as having low back pain, herniated disc, sciatica, right knee degenerative joint disease, and status post right total knee joint replacement. Treatment to date has included diagnostics, physical therapy, epidural steroid injections, multiple right knee surgeries, trigger point injections, and medications. A left total knee replacement was noted in 12/2014. Currently, the injured worker complains of ongoing back pain and radicular symptoms to her right leg, including burning, numbness and tingling. An exam of her low back was unchanged. There was tenderness and spasm in the lumbosacral spine, right sided L5 radiculopathy, numbness and tingling in the L4-S1 distribution, and mildly positive straight leg raise and weakness with plantar flexion on the right. Exam of the right knee noted range of motion 0-120 degrees, without any change. There was also some crepitation with range of motion secondary to joint replacement. Current medication regime was not described. Her functional capabilities/limitations were not described. The treatment plan included physical therapy for the lumbar spine and right knee x12, to address ongoing back pain and sciatica, as well as knee pain. Her work status was permanent and stationary and she was currently retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions for right knee and lumbar spine, total 12 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a history of a work-related injury in November 2005 and is being treated for chronic low back pain with right lower extremity radicular symptoms. She underwent a right total knee replacement in December 2014 on a non-industrial basis and had post-operative physical therapy and did well. When seen, there was decreased lumbar spine and right knee range of motion with lumbar tenderness and spasms with positive straight leg raising and right lower extremity weakness. Physical therapy is being requested. The claimant is being treated for chronic pain. There is no new injury and she has already had post-operative therapy for the knee with good results. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what would be expected to reestablish or revise a home exercise program for her chronic low back pain. The request is not medically necessary.