

Case Number:	CM15-0120265		
Date Assigned:	06/30/2015	Date of Injury:	09/30/2014
Decision Date:	08/04/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/22/2015

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, 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 44 year old male who sustained an industrial injury on 9/30/14. Diagnoses are right knee meniscal tear, status post right knee arthroscopy and partial meniscectomy, post-operative right knee iliotibial band tendinitis, and chronic lumbar strain and exacerbation of underlying chronic lumbar degenerative process. In a progress note dated 4/29/15, a treating physician notes chief complaint of right knee and back pain. He has sharp pain in his low back on the left side, which radiates to the left buttock. He has a sharp pain on the lateral aspect of his right knee, which does not radiate. Pain is rated as 8 out of 10 for both. Pain is worse with stairs, walking, bending and twisting and is better with rest. He takes Aleve. Exam of the lumbosacral spine notes tenderness to palpation at the midline, left paraspinals, and left sacroiliac joint. He has asymmetric loss of range of motion. There is chronic strain due to gait abnormality and knee injury. An MRI of the lumbar spine revealed some stenosis at L4-5 due to bulging discs and chronic osteophytes, some mild stenosis at L5-S1 as well as osteophytes and bulging disc. Previous treatment includes physical therapy for his knee and medication. Work status is temporarily totally disabled. The requested treatment is physical therapy, lumbar spine, 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbar Spine, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute & Chronic), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.