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| Case Number: | CM15-0124708 | | |
| Date Assigned: | 07/09/2015 | Date of Injury: | 10/29/2014 |
| Decision Date: | 08/05/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

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:

This 64 year old man sustained an industrial injury on 10/29/2014. The mechanism of injury is not detailed. Evaluations include undated lumbar spine MRI and electromyogram of the bilateral lower extremities. Diagnoses include cumulative trauma injury to the lumbar spine, right knee twist injury with medial and lateral meniscus tears, and status post right knee surgery. Treatment has included oral medications, surgical intervention, and physical therapy. Physician notes dated 5/14/2015 show complaints of knee and back pain with stiffness and spasms. Recommendations include additional physical therapy, urine drug screen, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the lumbar spine, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Low Back.

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) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy lumbar spine two times per week times six weeks 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cumulative trauma lumbar spine with disc herniations and new left sided radiculopathy; medial and lateral meniscal tears; and status post knee arthroscopy with medial and lateral meniscectomies. The date of injury is October 29, 2014. The request for authorization is dated June 1, 2015. According to a May 14, 2015 progress note, the injured worker has ongoing low back pain and knee pain. Objectively, there is stiffness and spasm of the low back; positive straight leg raising and decreased sensation at L5 - S1. The injured worker has not had physical therapy to the lumbar spine to date. The treating provider requested 12 sessions of physical therapy. The guidelines recommend a six visit clinical trial. Upon completion of the six visit clinical trial with evidence of objective functional improvement, additional physical therapy may be clinically indicated. Consequently, absent clinical documentation with an initial six visit clinical trial, physical therapy lumbar spine two times per week times six weeks is not medically necessary.