

Case Number:	CM15-0175199		
Date Assigned:	09/16/2015	Date of Injury:	04/19/2014
Decision Date:	10/20/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/04/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 28-year-old male, with a reported date of injury of 04-19-2014. The diagnoses include low back pain, right ankle sprain, tendinitis of the knee, bilateral knee internal derangement, concussion, and tendinitis or tenosynovitis of the ankle region. The medical report dated 08-12-2015 indicates that the injured worker complained of pain in the head with blurred vision, neck pain, mid back pain, right shoulder pain, bilateral leg pain, bilateral knee pain, and right ankle and foot pain. The pain was associated with numbness and tingling of the hand and feet and weakness of the feet. He rated the severity of his pain 6 out of 10; 5 out of 10 at its best; and 9 out of 10 at its worst. The injured worker stated that his symptoms have been unchanged since the injury. He avoided going to work because of his pain. The objective findings include lumbar forward flexion at 60 degrees; lumbar extension at 25 degrees; lumbar side bending at 20 degrees bilaterally; tenderness to palpation over the bilateral lumbar paraspinal muscles; no sciatic notch tenderness bilaterally; no spinous process tenderness or masses palpable long the lumbar spine; positive lumbar facet loading maneuver bilaterally; negative bilateral straight leg raise test; full range of motion to forward flexion and extension of the bilateral knees; tenderness to palpation over the medial joint lines bilaterally; negative bilateral McMurray's test; full range of motion of the right ankle; and grossly intact sensation to light touch and pinprick throughout the lower extremities. The treatment plan included physical therapy, two times a week for five weeks for the lumbar spine and knees. The treating physician requested physical therapy two times a week for five weeks for the back and knees. On 08-27-2015, Utilization Review (UR)

non-certified the request for physical therapy two times a week for five weeks for the back and knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 5 sessions, back & knees: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy in the form of passive therapy for the lower back and knee is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia-type pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, was injured more than one year prior to this request and there was insufficient reporting to suggest how many sessions of physical therapy had already been completed. If there was difficulty with home exercises, which would be more appropriate at this stage, there was no evidence found in the documents to suggest this was so. Therefore, without enough supportive evidence to help justify supervised physical therapy for the knee and back, this request for 10 sessions of physical therapy will be considered medically unnecessary at this time.