

Case Number:	CM15-0065280		
Date Assigned:	04/13/2015	Date of Injury:	06/28/2014
Decision Date:	05/12/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/06/2015

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 52 year old male who sustained a work related injury June 26, 2014. While working as a mechanic, he had a truck on a lift 7 feet in the air, when his left arm slipped, causing the truck to fall striking his head. He twisted suddenly and noted an onset of right knee pain and low back pain. A CT of the head was negative, and he was diagnosed with a concussion and experienced some mild tinnitus. According to a primary treating physician's progress report, dated March 4, 2015, the injured worker presented for follow-up with persistent pain in the neck, lower back and right knee, rated 6-7/10, and constant. The pain improves with rest, ice and medication. Norco takes the pain from 6-7/10 down to 3/10 and allows him to ambulate for 40 minutes as opposed to 20 minutes without stopping. There is tenderness to palpation over the bilateral lumbar paraspinal muscles. Range of motion revealed flexion of 80 degrees with pain, full extension and full bilateral rotation. He ambulates with a normal gait pattern. Diagnoses included cervical strain, rule out disc herniation; lumbar strain; lumbar disc bulge; right lower extremity radicular pain and numbness; right knee strain with iliotibial band strain; medial bursitis or soft tissue ganglion formation of the right knee(MRI 9/3/14). Treatment plan included requests for physical therapy, lumbar and right knee 2 x 6, continue with TENS unit and urine toxicology.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 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 to the lumbar spine 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 cervical strain; lumbar strain; lumbar disc bulge; right lower extremity radicular pain and numbness; right knee strain with iliotibial band strain; and medial bursitis or soft tissue ganglion formation of the right knee MRI. The request in the medical record, dated March 4, 2015, is for physical therapy to the lumbar and right knee for two times per week for six weeks. The documentation in the medical record dated November 6, 2014 progress note shows the injured worker received minimal relief from treatment to date. The treating physician is requesting physical therapy to the right knee two times per week for six weeks. The guidelines recommend a six visit clinical trial. The treating provider's request is in excess of the recommended guidelines. Consequently, absent compelling clinical documentation according to guideline recommendations for a six visit clinical trial, physical therapy to the lumbar spine (two times per week times six weeks) is not medically necessary.