

Case Number:	CM15-0065830		
Date Assigned:	04/13/2015	Date of Injury:	02/17/2013
Decision Date:	05/19/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/07/2015

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

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 31-year-old male who sustained an industrial injury on 02/17/13. Initial complaints and diagnoses are not available. Treatments to date include medications and left tibial/fibula surgery. Diagnostic studies and not discussed. Current complaints include low back pain, left distal lower extremity/ankle pain, and left knee pain. Current diagnoses include protrusion L3-4 with radiculopathy, left peroneal neuropathy. In a progress note dated 02/26/15 the treating provider reports the plan of care as physical therapy to the lumbar spine, x-rays of the left knee, continue TENS, TENS supplies, a cane, and medication including hydrocodone, cyclobenzaprine, tramadol, and Ambien. The requested treatment includes physical therapy to the lumbar spine and x-rays of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy lumbar spine 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain affecting the lumbar spine and left knee. The current request is for Additional Physical Therapy lumbar spine 3x4. The treating physician states, Await response for reconsideration proceed with additional physical therapy lumbar spine at 3 times per week for 4 weeks. (235B) The MTUS guidelines state, they can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process and MTUS only allows 8-10 sessions of physical therapy. In this case, the treating physician has documented that the patient completed 8 visits of physical therapy for the lumbar spine. (358B) there is no documentation of any recent surgery, flare-up, new injury or new diagnosis that would require additional physical therapy and there is no discussion as to why the patient is not currently able to transition to a home exercise program. The current request is not medically necessary and the recommendation is for denial.

X-ray of the left knee AP and Lateral: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Knee chapter: Radiograph.

Decision rationale: The patient presents with pain affecting the lumbar spine and left knee. The current request is for X-ray of the left knee AP and lateral. The treating physician states, this is a request for x-rays of the left knee, AP and lateral patient does report recent fall onto left knee due to leg giving out with resultant left knee pain. (235B) The treating physician also documents that the patient had left knee x-rays on 02/17/2013 and is status post open reduction of the left tibia in 2014 (exact date is not provided). (119B) The ODG guidelines state that x-ray is indicated for adult patients with non traumatic knee pain, non-trauma, non-tumor, non-localized pain, mandatory minimal initial exam, anteroposterior and lateral x-ray. The ODG guidelines do not discuss repeat x-rays. In this case, the patient has had prior surgery of the left knee and the treating physician has requested an updated x-ray due to continued pain. The current request is medically necessary and the recommendation is for authorization.