

Case Number:	CM15-0079841		
Date Assigned:	04/30/2015	Date of Injury:	09/23/2004
Decision Date:	05/29/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 60 year old, male who sustained a work related injury on 9/23/04. The diagnoses have included lumbar degenerative disc disease, right knee chondromalacia with potential internal derangement, left knee chondromalacia with medial meniscus tear post surgery, left ankle sprain, lumbar radiculopathy and failed back surgery. The treatments have included lumbar spine surgery, left knee surgery, physical therapy, home exercises, oral medications and Lidoderm patches. In the Inpatient Progress Note dated 4/5/15, the injured worker "is doing well." He had some physical therapy. He rates his pain a 6/10 but "he seems to be accommodating to the pain." The treatment plan is to discharge home and attend outpatient physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy Qty: 12.00: Upheld

Claims Administrator 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), Physical medicine guidelines.

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

Decision rationale: This 60 year old male has complained of back pain and knee pain since date of injury 9/23/04. He has been treated with surgery, physical therapy and medications. The current request is for Physical Therapy, qty 12. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The medical necessity for continued passive physical therapy is not adequately documented. On the basis of the available medical documentation and per the MTUS guidelines cited above, Physical therapy qty 12 is not indicated as medically necessary.