

Case Number:	CM15-0096592		
Date Assigned:	05/26/2015	Date of Injury:	02/24/2011
Decision Date:	07/01/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/19/2015

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 55-year-old male, who sustained an industrial injury on 2/24/2011. He reported bilateral lower extremity pain, low back pain. The injured worker was diagnosed as having status post right knee arthroscopy, left knee osteoarthritis, left knee degenerative joint disease, left knee medial meniscus complex tear, low back syndrome, and sciatic neuritis. Treatment to date has included medications; left knee arthroscopy (10/24/2013), knee brace, right knee arthroscopy (8/29/2014), right shoulder rotator cuff repair; magnetic resonance imaging of the lumbar spine (12/28/2014). The request is for physical therapy. On 4/16/2015, he had complaint of bilateral lower extremities down to the feet, and low back pain. He rated his pain as 8/10. He indicated he has numbness and tingling of the right leg down to the foot. He experiences dizziness and insomnia. He reported feeling better with ice, and medications, and that prolonged activity makes his symptoms worse. The treatment plan included: lumbar spine epidural, magnetic resonance imaging arthrogram of the left knee, continue physical therapy, Norco, Cyclobenzaprine, and follow up. The records indicated he has already been attending physical therapy. The records do not indicate the results of the physical therapy and how the completed sessions have impacted his functionality. It is also unclear regarding the number of completed physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Upheld

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

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 low back and right knee. The current request is for Physical Therapy. The treating physician states in the report dated 5/14/15, "Patient may continue physical therapy as it provides relief and improved range of motion" (6B). The patient is currently not in the post-surgical state. 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 the records provided for review for this case, the treating physician has not documented how many prior physical therapy sessions the patient has completed. Additionally, there is not a duration, frequency, or body part associated with this request. The current request is not medically necessary and the recommendation is for denial.