

Case Number:	CM13-0048515		
Date Assigned:	12/27/2013	Date of Injury:	12/27/2012
Decision Date:	03/11/2015	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/05/2013

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 worker is a 33 year old female who injured her left knee on 12/27/2012 as she was pulling a pallet of car batteries. She was diagnosed with left knee sprain. She later developed low back pain. She was treated with physical therapy, medications, and chiropractor treatments. She was seen by her primary treating physician on 8/28/13, reporting persistent slight to moderate low back pain and continuous slight left knee pain. She reported taking Vicodin and Norflex for these pains. Physical examination findings included tenderness of the left knee and low back areas. She was diagnosed with lumbosacral musculoligamentous strain/sprain with radiculitis and left knee strain/sprain, rule out meniscal tear. She was then recommended 12 sessions of supervised physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK TIMES 6 WEEKS FOR THE LUMBAR SPINE AND LEFT KNEE QTY:12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Knee and Leg

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

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 myalgia/myositis-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, had been prescribed physical therapy many months prior and had completed many sessions continuously. There was insufficient reports on whether or not the continual physical therapy was significantly helpful for the worker functionally. Regardless, however, at this point in her chronic pain course, unsupervised home physical exercises is more appropriate. There was no evidence of the worker currently using home exercises nor was there any evidence to suggest that she was unable to perform them at home. Therefore, the 12 sessions of physical therapy will be considered medically unnecessary.