

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 12/15/2011. The primary treating diagnosis is derangement of the medial meniscus. This patient's initial mechanism of injury is that he strained his low back and bilateral knees when lifting. As of 02/08/2012, the patient had completed 12 sessions of physical therapy. He also underwent arthroscopic surgery to the right knee on 03/12/2013. On 06/19/2013, six additional physical therapy sessions were recommended. The patient was scheduled to start 12 sessions of physical therapy as of 07/10/2013.

An initial physician's review discussed in detail the patient's prior treatment and noted that it had been a year since the patient had physical therapy to the lumbar spine and that a modification with the goal of achieving a home exercise program would be appropriate, although the requested 12 sessions exceeded the treatment guidelines.

IMR DECISION(S) AND RATIONALE(S)

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

1. Additional physical therapy three (3) times four (4) to the lumbar spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS, Physical Medicine Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Section on Physical Medicine and Page 99, which is part of the MTUS

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommend, "Radiculitis unspecified...8-10 visits over 4 weeks...myalgia/myositis

unspecified...9-10 visits over 8 weeks...Allow for fading of treatment frequency plus active self-directed home physical medicine.” These guidelines therefore anticipate that this patient would have transitioned by now to an independent home rehabilitation program. The current request exceeds the recommendation even for initial therapy leading to an independent home exercise program. Therefore, while a brief course of physical therapy may be indicated to review a home exercise program, as has been suggested by the initial reviewer, the request as currently appealed is not consistent with the guidelines. This treatment is not medically necessary.

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[REDACTED]

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