

Case Number:	CM14-0002506		
Date Assigned:	01/24/2014	Date of Injury:	04/18/2011
Decision Date:	09/29/2015	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/07/2014

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

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 female with an industrial injury dated 01-16-1991 and 04-18-2011. Her diagnoses included hypertension out of control due to orthopedic condition, anxiety reaction, right knee internal derangement and lumbar radiculopathy. Comorbid condition was diabetes. Prior treatment included chiropractic treatment and medications. She presented on 11-19-2013 with low back pain and right knee pain. She had two more sessions of chiropractic treatment left. She stated temporary relief but not much improvement. Physical exam of the lumbar spine revealed tenderness of paravertebral muscles with spasm and decreased range of motion. There was joint effusion in right knee. The treatment request is for physical therapy in conjunction with massage; eight (8) sessions, 2 x a week for 4 weeks for the lower back and the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy in conjunction with massage; eight (8) sessions, 2x a week for 4 weeks for the lower back and the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Massage therapy.

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

Decision rationale: The patient was injured on 04/18/11 and presents with low back pain and right knee pain. The request is for physical therapy in conjunction with massage; eight (8) sessions, 2x a week for 4 weeks for the lower back and the right knee. The utilization review rationale is that "documentation does not indicate functional deficits that would require formal therapy." There is no RFA provided and the patient is working, performing her regular job duties. Review of the reports provided does not indicate if the patient had any prior physical therapy. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient has tenderness of paravertebral muscles with spasm, decreased range of motion of the lumbar spine, and joint effusion in right knee. She is diagnosed with hypertension, anxiety reaction, right knee internal derangement and lumbar radiculopathy. Treatment to date includes chiropractic treatment and medications. There is no discussion regarding why the patient is unable to establish a home exercise program to manage her pain. There is no indication of any recent surgery the patient may have had. Given that the patient has not had any recent therapy, a course of therapy may be reasonable to help with chronic pain and the patient's decline in function. The requested 8 sessions of therapy is within MTUS guidelines. The requested 8 sessions of therapy IS medically necessary.