MAXIMUS Federal Services

Case Number:	CM14-0145562		
Date Assigned:	10/10/2014	Date of Injury:	03/27/2014
Decision Date:	09/25/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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: Preventive Medicine, Occupational Medicine

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 64-year-old male who sustained an industrial fall injury as a truck driver on 03-27-2014. The injured worker was diagnosed with left meniscus tear, cervical and lumbar sprain and strain. The injured worker is status post left knee arthroscopic partial medial meniscectomy in May 2014. Treatment to date has included diagnostic testing, knee surgery with post-operative physical therapy, approximately 13 physical therapy sessions completed for the cervical and lumbar spine and over the counter medications. According to the primary treating physician's progress report on August 13, 2014, the injured worker continues to experience cervical spine stiffness and discomfort rated at 3-5 out of 10 on the pain scale and the lumbar spine was totally asymptomatic at 0 out of 10. The injured worker reported his left knee was uncomfortable at the inferior patellar area with certain movements and was rated as 0 out of 10 on the pain scale. Examination of the lumbar spine was negative to palpation over the midline spinous process, lumbar paraspinal muscles and belt line area. The bilateral sacroiliac (SI) joints, sciatic notches and greater trochanteric lateral hip areas were negative to palpation. Left knee arthroscopic port sites were well healed with full range of motion and negative for pain. Current medication was noted as Aleve. The injured worker is not working due to non-available restrictive duties. Treatment plan consists of continuing over the counter medications, maintaining restrictive activity and the current request for additional physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional physical therapy at three times a week for two weeks (3x2) for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS 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) Low Back/Physical Therapy.

Decision rationale: MTUS Guidelines consider up to 10 sessions of guided physical therapy as adequate for chronic musculoskeletal pain. This is consistent with ODG Guideline recommendations for physical therapy for spinal pain. The Guidelines note that an independent exercise program and education in appropriate behaviors should be completed with that amount of treatment. This individual has completed 13 sessions of physical therapy and an additional 6 sessions would significantly exceed Guideline recommendations without any justifying exceptions. The 6 additional physical therapy at three times a week for two weeks (3x2) for the lumbar spine is not supported by Guidelines and is not medically necessary.