

Case Number:	CM13-0011818		
Date Assigned:	12/27/2013	Date of Injury:	12/27/2005
Decision Date:	02/26/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/15/2013

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 Internal Medicine and is licensed to practice in Arizona. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 66 year old woman with a cumulative trauma from 3/02-12/27/05 resulting in chronic low back pain with radiation to the right hip. Medical records are reviewed including multiple notes from an orthopedist, pain specialist, psychiatric provider and imaging studies dated 8/29/12. The patient has had long-standing pain in the lumbar spine and right hip. She has had many treatment modalities for this pain including oral analgesic medications, acupuncture, physical therapy, chiropractic treatment, epidural injections (1/13) and a right total hip arthroplasty (2007). She presented for follow up on 5/20/13 to her provider with complaints of continued pain with activity with radiating low back pain and sensory changes in the legs. She stated she receives relief with Physical therapy. The patient's physical exam was unchanged and stable. An additional 8 sessions of physical therapy were ordered. Utilization review denied the sessions on 7/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Physical therapy QTY 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 299, Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The patient has had chronic pain in the lumbar spine and right hip since sustaining cumulative trauma from 3/02-12/27/05. Her functional status has not changed significantly. She continues to require oral analgesic pain medication and non-pharmacological interventions for pain management. She has had multiple sessions of physical therapy, chiropractic treatment, acupuncture and epidural spinal injections. She continues to require a cane for ambulation and assistance with multiple activities of daily living (ADLs). According to the MTUS, section on Chronic Pain, Physical Medicine pages 98 and 99, with regards to Physical Therapy, it is appropriate to allow for a tapering treatment frequency from up to 3 or more visits per week to 1 or less, that includes active self-directed home Physical Medicine. ACOEM (table 12-5) states that 1-2 visits for education, counseling and evaluation of home exercise for range of motion and strengthening are recommended physical methods of symptom control for low back complaints. This patient has already had multiple sessions (at least 12) of physical therapy and further sessions are unlikely to be of benefit. The additional 8 sessions of PT are not medically necessary.