MAXIMUS Federal Services

Case Number:	CM13-0020717		
Date Assigned:	10/11/2013	Date of Injury:	08/26/1999
Decision Date:	01/14/2014	UR Denial Date:	08/21/2012
Priority:	Standard	Application Received:	09/05/2013

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 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. 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 69-year-old female who sustained an industrial injury on August 26, 1999. The patient has completed 12 physical therapy sessions to date . A PT progress report completed on July 17, 2013 stated that the patient had moderately improved therapy. However, the progress report also noted "consider further diagnostic imaging and a referral to a, orthopedic spine specialist secondary to pronounced motor loss and several episodes of falls or near falls. Patient returns to discuss tapering of medications 8/15/13. She is able to have an increase in function when on Lyrica and Norco. The patient is noted to have progressive left lower extremity weakness , a CT scan was requested. Examination revealed that the patient transfers from a seated to standing position with guarding and stiffness . The patient ambulated with antalgic gait due to left side pain. There was limited range of motion in the left lower extremity due to pain. Strength in the left lower extremity was 3/5,and 5/5 on the right There was decreased sensation noted in the left lower extremity . Lumbar spine range of motion was limited in all directions. Tenderness 10 palpation was noted over the lumbar spinous processes and left gluteal myofascial tissue. The patient was diagnosed with pain in joints, lower leg, and osteoar1hrosis, multiple sites. On August 16,20 13, a request was made for 1he provider to withdraw additional physical therapy sessions pending the outcome of the patient's authorized lumbar spine imaging study , given the patient's progressively worsening clinical findings as noted in the July 17, 2013 physical therapy report .

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks for a total of 12: Upheld

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

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

Decision rationale: This patient has developed progressive weakness in the lower extremity of unclear etiology, but most likely due to a discogenic source. CT scan of the lumbar spine and referral to a spine specialist are still pending. Patient has already received 12 sessions of PT with some improvement. According to the guidelines, at this stage, the patient should be able to transition to self directed home physical medicine. Further diagnostic work up and referral to spine specialist to establish a diagnosis would be more appropriate in this case than additional physical therapy which in itself is not supported by the guidelines for the treatment of neuritis and radiculitis