

Case Number:	CM13-0028876		
Date Assigned:	09/08/2014	Date of Injury:	09/09/2000
Decision Date:	10/16/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/24/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/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 records presented for review indicate that this 60 year-old male was reportedly injured on 9/9/2000. The most recent progress note, dated 8/20/2013, indicates that there were ongoing complaints of low back pain and right foot pain. The physical examination demonstrated: upper extremities: right arm pain with manipulation. Right great toe, development of Calais noted on the plantar medial aspect of the IP joint. Lumbar spine: range of motion flexion 45, extension 20, pain with facet loading, positive tenderness to palpation paravertebral musculature down to the sacrum. No motor or sensory deficits elicited. Antalgic gait. No recent diagnostic studies are available for review. Previous treatment includes left knee surgery, physical therapy, medications, and conservative treatment. A request had been made for physical therapy 3 times a week for 4 weeks #12 of the lumbar spine and lower extremities, and was not certified in the pre-authorization process on 9/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 3 times a week for 4 weeks to the lumbar spine and lower extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The claimant has multiple chronic complaints and reviews of the available medical records, fails to demonstrate an improvement in pain or function. The treating physician has requested 12 sessions of functional restoration therapy and in the absence of clinical documentation to support excessive and/or additional visits above recommended guidelines. As such, this request is not considered medically necessary.