

Case Number:	CM13-0037179		
Date Assigned:	12/27/2013	Date of Injury:	05/02/2013
Decision Date:	04/18/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/26/2013

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 and Rehabilitation, and is licensed to practice in Illinois. 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 patient is a 22-year-old who reported an injury on 05/02/2013 after a fall that caused injury to the low back and right knee. The patient's treatment history included approximately fifteen physical therapy visits, nonsteroidal antiinflammatory drugs, opioid therapy, chiropractic care, and acupuncture. The patient's most recent clinical evaluation dated 01/24/2014 documented that the patient had low back pain rated at 7/10. Physical examination findings included lumbar range of motion described as 30 degrees in flexion, 5 degrees in extension, and 10 degrees in right and left lateral bending. The patient had decreased sensation in the L3-4 and L5 dermatomes, 4/5 strength of the deep tendon reflexes on the right side, 5-/5 strength on the left. The patient underwent an electrodiagnostic study that documented there was right L2-3 radiculopathy and left S1 radiculopathy. An MRI of the lumbar spine dated 01/19/2014 documented that the patient had evidence of degenerative disc disease and facet arthropathy with retrolisthesis at the L2-3 through the L5-S1 with spinal canal stenosis at the L2-3, L3-4, and L4-5. There was also evidence of multilevel disc bulging with moderate right neural foraminal narrowing. The patient's diagnoses included lumbar radiculopathy, right hip arthralgia, and multilevel disc herniations of the lumbar spine. The patient's treatment plan included epidural steroid injections at the right L2, L3, L4 and continuation in a home exercise program.

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 TIMES 4 WEEKS FOR THE LUMBAR SPINE AND LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): s 97-98.

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

Decision rationale: California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does provide evidence that the patient previously participated in at least fifteen visits of physical therapy. There are no barriers noted within the documentation to support that there are barriers that would preclude further progress of this patient while participating in an independent home exercise program. However, as the patient has continued deficits, one to two visits may be indicated for this patient to reassess and re-educate the patient in a home exercise program. However, 12 physical therapy visits would be considered excessive. The request for physical therapy for the lumbar spine and left knee, three times per week for four weeks, is not medically necessary or appropriate.