

Case Number:	CM13-0061360		
Date Assigned:	12/30/2013	Date of Injury:	06/19/2008
Decision Date:	05/07/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/04/2013

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, has a subspecialty in Interventional Spine, 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 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 61 year old female with date of injury of 6/19/08. The treating physician report dated 11/7/13 indicates that the patient presents with low back pain radiating down to the bilateral knees. The current diagnoses are segmental instability spondylolisthesis at L4-5, herniated lumbar discs at L4-L5 and L5-S1 with radiculopathy, left greater than right, status post three lumbar epidural steroid injections, laminectomy, foraminectomy; left knee strain/sprain status post two arthroscopic surgeries with degenerative joint disease, rule out internal derangement; cervical spine sprain/strain; right shoulder strain/sprain; left shoulder strain/sprain; and left elbow strain/sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE BILATERAL UPPER EXTREMITIES: Upheld

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

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

Decision rationale: The injured work presents with chronic pain affecting the lumbar spine with radiating pain down to the bilateral lower extremities and bilateral knees. Lumbar flexion is 30/70 and extension is 10/25. Reflexes are 1+ knees and absent at the ankles. Hypoesthesia at the anterolateral aspect of foot and ankle. There is weakness in the big toe dorsiflexors and plantar flexor bilaterally. There is no indication if the patient had performed the previously prescribed 12 physical therapy visits (cervical, lumbar bilateral arms) that was requested in the 8/15/13 report. The MTUS guidelines allow 8-10 therapy visits. The current request is for an unspecified number of physical therapy visits of the upper extremities although the treating physician requested physical therapy twice a week for six weeks, focusing on the lumbar spine and left knee. In reviewing the treating physician's request for 12 physical therapy sessions, this exceeds what MTUS allows for this type of condition. A request for physical therapy that does not define the duration of care is not supported in the MTUS guideline. The request is noncertified.