

Case Number:	CM14-0000687		
Date Assigned:	01/17/2014	Date of Injury:	11/15/2010
Decision Date:	08/06/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine 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:

This is a 47-year-old male with an 11/15/2010 date of injury. The mechanism of the injury was a cumulative trauma injury to the left knee, bilateral wrists, lumbar spine and left great toe. The patient was seen on 01/14/2014 with complaints of mild persistent lower back pain radiating down to the back of the left leg to the knee level. He also complains of pain of the left knee with limited flexion. Exam findings of the lumbar spine area revealed tenderness in L3-L5, decreased range of motion with extension and soreness and tightness with left lateral flexion. Straight leg raise test was positive on the left at 80 degrees. Milgram's test was positive. The patient is unable to resume his normal and customary job duties as a maintenance worker. Progress note from 12/03/13 states that the patient accomplished about 20 sessions of physical therapy; however, he still complains of persistent mild lower back pain, which radiates to the left leg. The diagnosis is cervical, lumbar and left knee sprain and bilateral carpal tunnel syndrome. A 12/19/13 MRI of the lumbar spine: L3-L4: 1-2 mm posterior bulge and mild central canal stenosis; L4-L5: 1-2 mm posterior bulge and short pedicles with mild to moderate central canal stenosis; L5-S1: 1-2 mm posterior protrusion and mild central canal stenosis. Treatment to date: 22 sessions of physical therapy and left carpal tunnel release on 1/22/14. An adverse determination was received on 12/20/13 due to lack of documentation indicating benefits from 22 sessions of physical therapy and exceeding number of treatments due to MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL PHYSICAL THERAPY, 2X4 WEEKS FOR THE LUMBAR SPINE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Chapter 6 (page 114). Official Disability Guidelines (ODG) Physical Therapy Chapter Lower Back, Lumbar sprains and strains :10 visits over 8 weeks.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, ODG Guidelines support 10 visits over 8 weeks for lumbar sprains and strains. However, after completion of over 20 sessions of physical therapy, there is a lack of documentation regarding physical therapy to the lumbar spine. There are no physical therapy notes with regards to the lumbar spine available for review; hence the number of sessions targeted to the lumbar spine is unclear. As there are no PT notes to the lumbar spine available for review, it is unclear if the patient derived any significant benefit from these sessions. In addition, no rationale or clearly defined functional goals were provided for additional physical therapy to the lumbar spine. Therefore, the request for 8 additional physical therapy, 2x4 weeks for the lumbar spine are not medically necessary.