

Case Number:	CM14-0015929		
Date Assigned:	06/04/2014	Date of Injury:	06/05/2013
Decision Date:	08/11/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/07/2014

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:

The patient is a 62-year-old male who has submitted a claim for osteoarthritis of the hip, knee arthralgia, knee degenerative changes, hip arthralgia, lumbar spondylosis without myelopathy, lumbar/lumbosacral disc degeneration, sacroiliac ligament sprain/strain, and left myofascial sprain/strain; associated from an industrial injury date of 06/05/2013. Medical records from 08/30/2013 to 01/29/2014 were reviewed and showed that patient complained of left hip and low back pain. She has had 4 sessions of physical therapy, and claims improvement of pain since. She is more mobile but cannot tolerate prolonged sitting. Physical examination showed tenderness over the ischial tuberosity. Range of motion was normal. Flip test and Lasegue test were positive on the left. Motor testing was normal. Sensation was intact. MRI of the lumbar spine, dated 10/29/2013, revealed that a combination of degenerative disc disease, facet arthropathy, and ligamentum flavum redundancy contributes to moderate bilateral L4/L5 lateral recess narrowing with mass effect on the transiting L5 nerve roots, left greater than right; mild bilateral L5/S1 lateral recess narrowing; lateral directed disc and osteophyte disease contact the exiting bilateral L5 nerve roots, right slightly greater than left, in the extraforaminal zone; and edema signal within the L4/5 interspinous ligaments and the adjacent spinous processes which could be related to recent traumatic injury. Treatment to date has included Vicodin, Duexis, Lidoderm patch, Lyrica, methocarbamol, ranitidine, tramadol, and physical therapy. Utilization review, dated 01/30/2014, denied the request for physical therapy because the patient has had previous therapy which she reports to not have been helpful, and he should likewise be well-versed in home exercises already.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE LOW BACK AND CORE STRENGTHENING: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on page 98 to 99 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, patient has had 8 physical therapy sessions as of 10/04/2013, and reports improvement of pain since. Physical examination of the lumbar spine, hips, and knees were normal; it is unclear what functional goals should be achieved upon re-enrollment to the program. Furthermore, the patient should be well versed with home exercises by now. Therefore, the request for ADDITIONAL PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE LOW BACK AND CORE STRENGTHENING is not medically necessary.