

Case Number:	CM14-0116649		
Date Assigned:	08/04/2014	Date of Injury:	09/01/1981
Decision Date:	12/23/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/25/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 70-year old patient with date of injury of 9/1/1981. Medical records indicate the patient is undergoing treatment for low back pain, lumbar degenerative disk, stenosis and radiculopathy. He is s/p 4 left knee arthroscopies in the last 10 years; right knee arthroscopy and s/p left TKR on 10/14/13. Subjective complaints include increased lower back pain over the past 3-4 months, pain increased with climbing stairs, walking and lifting. Objective findings include normal sensation to light touch in the upper and lower extremities, gait is antalgic, favoring neither lower extremity. Electrodiagnostic testing dated 6/9/14 suggestive of though not entirely diagnostic for chronic or remote left L5 radiculopathy without evidence of acute denervation, mild nerve conduction deficits which may indicate mild distal sensiomotor axinal polyneuropathy versus age related conduction changes. MRI dated 6/4/14 shows multi-level degenerative disc disease without significant stenosis; L5-S1 mild to moderate foraminal narrowing. Treatment has consisted of rest, ice in which patient reports improvement in his symptoms, modified duty and assistive device -cane. The utilization review determination was rendered on 7/16/14 recommending non-certification of a Physical Therapy X16.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. The request for 16 physical therapy sessions is in excess of the guidelines recommended trial. Additionally, the original injury for this patient was 23 years ago and the treating physician does not document any new injury or exacerbating factors that would warrant additional physical therapy sessions. As such, the request for Physical therapy x 16 is not medically necessary.