

Case Number:	CM14-0033035		
Date Assigned:	04/30/2014	Date of Injury:	12/27/2005
Decision Date:	07/08/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/19/2014

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 Internal 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 injured worker is a 67-year-old female who sustained injuries to her right hip and low back on 12/27/05 after sustaining repetitive motion-type injuries during her course of employment as a salesperson at a jewelry store. The injured worker sustained progressive hip and low back pain as a result of performing her usual and customary duties. Physical examination noted pain with anterior flexion 55 and posterior flexion at 25 in the lumbar spine; she has pain with bilateral lateral rotation of 35 and left/right lateral tilt 15; motor strength 4/5 in the right lower extremity, 5/5 left; Deep tendon reflexes (DTRs) 2+ left and 1+ right; sensation intact to light touch, except for the decreased sensation in the right L5 and right S1 dermatomes; straight leg raise positive right at 60, positive left at 90. MRI documentation revealed 3 mm central disc bulge at L5-S1 with L5 and S1 right leg radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE RIGHT HIP AND LUMBAR SPINE, #8: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Physical therapy (PT).

Decision rationale: The request for physical therapy to the right hip and lumbar spine times eight visits is not medical necessary. The previous request was denied on the basis that the injured worker was certified for four physical therapy visits for the lumbar spine pending further documentation of previous response to physical therapy, including how many total visits were completed. This documentation was still lacking and it is not clear whether the injured worker completed these previously certified four physical therapy visits. Therefore, any further physical therapy including the current request is non-certified. After reviewing the information provided for review, there was no additional significant objective clinical information that would indicate that total number of visits that the injured worker has been approved for eight years postdate of injury. Given the clinical documentation submitted for review, the request for eight physical therapy visits to the right hip and lumbar spine is not medically necessary and appropriate.

MRI OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, MRIs (magnetic resonance imaging).

Decision rationale: The request for MRI of the right knee is not medically necessary. There were no focal neurological deficits. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional significant 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the right knee has not been established.