

Case Number:	CM14-0079690		
Date Assigned:	07/18/2014	Date of Injury:	08/17/2009
Decision Date:	09/10/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	05/30/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 50 year old male who had a work injury date of 8/17/09. His diagnoses include chronic low back pain, history of lumbar fusion at L5-S1, October 2011; status post spinal cord implant, December 20 13. Under consideration is a request for a physical medicine procedure. There is a 4/13/14 document that states "the patient returns with persistent pain." He states "he has been complaining about his knee pain following his lumbar surgery." He has gradually noticed pain and it is worse in the left side than the right side. It is located on the sides and front. Every time he puts weight on it he has pain in his knees. He has been staying fairly active. He is exercising. He is also working part time as real estate agent. He states "he has ups and downs and good and bad days." There are days that he is able to walk 3 to 5 miles and he is happy about that. His goal is to get 10,000 steps every day. Other days, he is not able to do that at all. Usually, he gets flared up in his low back. He has significant pain radiating down both lower extremities with burning and numbness and tingling down the bottom of his feet. On exam, he had diminished range of motion of the lumbar spine; inspection of bilateral lower extremity is within normal limits. He had fairly good strength in both lower extremities. The treatment plan includes documentation that he recently finished off 8 sessions of therapy for his low back and is experiencing significant improvement. He would like to continue that. There is a request to authorize 8 additional sessions of physical therapy. After 8 more sessions, he will transition into a home exercise program and encourage him to exercise and take care of his own back pain. The 8 sessions of physical therapy should also specifically address the bilateral knee pains.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL MEDICINE PROCEDURE: Upheld

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

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

Decision rationale: Eight additional visits of physical therapy are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has recently had 8 physical therapy sessions. He is able to walk daily for exercise 3-5 miles. The guidelines recommend up to 10 visits for this condition. The request for an additional eight visit of physical therapy would exceed guideline recommendations. The patient has had prior physical therapy as well as the recent eight sessions and should be well versed in a home exercise program by now. The requests for eight additional visits of physical therapy are not medically necessary.