

Case Number:	CM14-0105655		
Date Assigned:	07/30/2014	Date of Injury:	12/03/1993
Decision Date:	03/26/2015	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72-year-old male, who sustained an industrial injury on 12/3/1993. He has reported neck and back pain. The diagnoses have included multilevel degenerative disc disease, disc herniation, disc bulge, foraminal narrowing, and bilateral plantar fasciitis. Past medical history included a work related gunshot wound to the left leg that required surgical repair. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Magnetic Resonance Imaging (MRI) C-spine and lumbar spine on 2/15/13, electromyogram 3/29/13, epidural steroid injections, and physical therapy. Currently, the IW complains of intermittent pain in the back, knees, and feet. Physical examination 4/28/14 significant for left greater than right foot pain positive radiation to left, positive left knee pain with instability. Plan of care was for physical therapy to treat each anatomical area. On 6/3/2014 Utilization Review non-certified twelve (12) physical therapy visits for lumbar spine, two (2) times weekly for six (6) weeks, twelve (12) physical therapy visits for bilateral knees and twelve (12) physical therapy visits for bilateral feet, two (2) times a week for six (6) weeks, noting the documentation did not support the need above a home exercise routine. The MTUS Guidelines were cited. On 7/8/2014, the injured worker submitted an application for IMR for review of twelve (12) physical therapy visits for lumbar spine, two (2) times weekly for six (6) weeks, twelve (12) physical therapy visits for bilateral knees and twelve (12) physical therapy visits for bilateral feet, two (2) times a week for six (6) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits for the lumbar spine, 2 times per week for 6 weeks: Upheld

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

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

Decision rationale: This patient presents with chronic back, left knee and bilateral feet pain. The current request is for 12 PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE, 2 TIMES PER WEEK FOR 6 WEEKS. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." This patient has a date of injury of 12/3/93. Review of the medical files indicates that the patient was recommended to participate in 12 physical therapy sessions on 3/28/13. There are no physical therapy reports provided for review; therefore, the number of completed therapy visits to date and the objective response to therapy were not documented. Progress report dated 4/28/14 recommended PT 2T/6WKS ALL PARTS. In this case, the request for 12 physical therapy sessions would exceed what is allowed by MTUS. Furthermore, there is no discussion as to why the patient is not able to establish a home exercise program to manage his pain. This request IS NOT medically necessary.

12 Physical therapy visits for the bilateral knees, 2 times per week for 6 weeks: Upheld

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

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

Decision rationale: This patient presents with chronic back, left knee and bilateral feet pain. The current request is for 12 PHYSICAL THERAPY VISITS FOR THE BILATERAL KNEE, 2 TIMES PER WEEK FOR 6 WEEKS. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." This patient has a date of injury of 12/3/93. Review of the medical files indicates that the patient was recommended to participate in 12 physical therapy sessions on 3/28/13. There are no physical therapy reports provided for review; therefore, the number of completed therapy visits to date and the objective response to therapy were not documented. Progress report dated 4/28/14 recommended PT 2T/6WKS ALL PARTS. In this case, the request for 12 physical

therapy sessions would exceed what is allowed by MTUS. Furthermore, there is no discussion as to why the patient is not able to establish a home exercise program to manage his pain. This request IS NOT medically necessary.

12 Physical therapy visits for the bilateral feet, 2 times per week for 6 weeks: Upheld

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

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

Decision rationale: This patient presents with chronic back, left knee and bilateral feet pain. The current request is for 12 PHYSICAL THERAPY VISITS FOR THE BILATERAL FEET, 2 TIMES PER WEEK FOR 6 WEEKS. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." This patient has a date of injury of 12/3/93. Review of the medical files indicates that the patient was recommended to participate in 12 physical therapy sessions on 3/28/13. There are no physical therapy reports provided for review; therefore, the number of completed therapy visits to date and the objective response to therapy were not documented. Progress report dated 4/28/14 recommended PT 2T/6WKS ALL PARTS. In this case, the request for 12 physical therapy sessions would exceed what is allowed by MTUS. Furthermore, there is no discussion as to why the patient is not able to establish a home exercise program to manage his pain. This request IS NOT medically necessary.