

Case Number:	CM14-0013162		
Date Assigned:	07/02/2014	Date of Injury:	08/05/2013
Decision Date:	03/25/2015	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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 52 year old female who sustained a work related injury to her back, hip and ankle from falling backwards on a moving escalator on August 5, 2013. The injured worker was diagnosed with lumbar strain/sprain, contusion right lower leg, and hip sprain/strain. There were no recent diagnostic reports. According to the primary treating physician's evaluation dated December 30, 2103 the patient had persistent bilateral intermittent hip pain without radiation and normal range of motion and mild ankle pain with motion. Current medication documented is Ibuprofen. Treatment modalities have consisted of conservative measures, medication and physical therapy (18sessions). The treating physician requested authorization for additional Physical therapy 3 times a week for 2 weeks (6 Sessions). On January 24, 2014 the Utilization Review denied certification for additional Physical therapy 3 times a week for 2 weeks (6 Sessions). Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, the American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X WEEK FOR 2 WEEKS (#6): 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: The patient presents with unrated ankle pain, unrated hip pain, unrated cervical pain. The most recent progress report dated 12/30/13 is poorly scanned and some pages are largely illegible. The patient's date of injury is 08/05/13. Patient is status post L2-3 L3-4 and L5-S1 laminotomy, foraminotomy and microdiscectomy in September 2001. A posterior lumbar fusion at L4-5 and L5-S1 with revision laminotomy and laminectomy of the lumbar levels was performed on 05/24/06. The patient also had bilateral hip replacements at dates unspecified. The request is for PHYSICAL THERAPY 3X WEEK FOR 2 WEEKS #6. The RFA is dated 12/30/13. Physical examination dated 12/30/13 revealed tenderness to the bilateral lumbar paraspinal muscles, positive straight leg raise test bilaterally, and notes multiple trigger points in the lumbar spine. Neurological examination notes decreased sensation in the left lower extremity. The patient is currently prescribed Lyrica, Norco, Zanaflex, and Viagra. Diagnostic imaging was not included. Patient is currently working modified duties. MTUS 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." In regards to the request for six additional PT sessions for the management of this patient's chronic pain, the treater has not provided a rationale as to why additional therapy would be needed. The records provided do not provide any discussion of efficacy or functional improvements following the 6 sessions already received - the last session was on 12/18/13. Were the records to indicate a significant time lapse between previous therapy, re-injuries, or discuss reasons this patient is unable to conduct self-directed physical therapy, additional sessions could possibly be warranted. Without such evidence, however, the medical necessity of further physical therapy is not substantiated. The request IS NOT medically necessary.