

Case Number:	CM14-0189983		
Date Assigned:	11/21/2014	Date of Injury:	12/30/2013
Decision Date:	01/09/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/14/2014

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 Interventional Spine 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 patient is a 46 year old female with an injury date of 12/30/13. Based on the 09/03/14 progress report, the patient complains of constant pain in right leg, knee and hip pain. The pain level is at 7 out of 10. The pain aggravates when the patient sits down, sitting down for long periods, standing up, standing for long periods and walking. Examination on lumbar and sacral muscle shows TTP and swelling and positive muscle spasm. There is decreased range of motion on lumbar spine. The flexion is 40 degrees, extension is 15 degrees, left rotation is 15 degrees, right rotation is 15 degrees, left and right lateral flexion are 10 degrees. Examination on right side hip and groin shows TTP and swelling in posterior hip and gluteal area. Also, there is positive TTP and spasm to piriformis and gluteus muscle. Review of MRI on L-S spine dated 04/29/14 showed 4-5mm right paracentral disc protrusion on L2-3, 4-5mm right foramina protrusion, and moderate right foramina narrowing. Her diagnoses include following: 1. Sprain and strain of lumbosacral 2. Pelvic Sprain and Strains 3. Thoracic/Lumbosacral Neuritis/Radiculitis Unspecified 4. Displacement Lumbar Intervertebral disc W/O Myelopathy The treatment plan is to continue with physical therapy. The treating physician is requesting additional physical therapy 2 X 5 for lumbar and pelvis per 10/01/14 progress report. The utilization review determination being challenged is dated 10/24/14. The treating physician provided treatment reports from 04/01/14-10/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for five weeks for the lumbar and pelvis: 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: This patient presents with right leg, knee, and hip pain. The request is for physical therapy 2x5 for the lumbar and pelvis. Review of the reports shows that this patient completed some amounts of physical therapy sessions. MTUS pages 98, 99 have 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 page 98 and 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 this case, the patient has completed over 8 visits of therapy according to 10/09/14, 09/30/13, 09/09/14, and 08/22/14 reports. Review of reports does not show rationale for the treater's current request for additional therapy. There is no explanation as to why the patient needs more therapy and why the patient cannot be transitioned into a home exercise program. Furthermore, the request of additional 10 sessions exceeds what is allowed per MTUS. The request is not medically necessary.