

Case Number:	CM14-0196004		
Date Assigned:	12/04/2014	Date of Injury:	04/13/2007
Decision Date:	01/15/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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 62 year old with an injury date on 4/13/07. Patient complains of back pain, joint pain, limb pain, neck pain, and left hip pain rated 6/10 per 9/5/14 report. Patient has completed 8 sessions of physical therapy for neck/shoulder, acupuncture sessions for her back, and is taking Lyrica which is helpful for her pain per 10/21/14 report. Based on the 10/21/14 progress report provided by the treating physician, the diagnoses are: 1. encounter for long-term use of other medications, 2. Lumbago. Exam on 10/21/14 showed "left hip range of motion restricted in internal rotation due to pain but normal in all other planes. Left knee range of motion is full." No range of motion testing for L-spine was included in provided reports. Patient's treatment history includes physical therapy, acupuncture, medications (Lyrica). The treating physician is requesting physical therapy 2x4 to the low back and hip. The utilization review determination being challenged is dated 10/30/14. The requesting physician provided treatment reports from 6/24/14 to 11/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 to the low back and hip: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with back pain, joint pain, limb pain, neck pain, and left hip pain. The treater has asked for PHYSICAL THERAPY 2X4 TO THE LOW BACK AND HIP on 10/21/14. The patient had 8 sessions of recent aquatic therapy (which helped her hip flexibility/pain/walking per 9/5/14 report), but due to surgery for colon cancer on 8/5/14, patient is unable to continue aquatic therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient had 8 recent aquatic therapy sessions with improvement in left hip in terms of flexibility, pain, and ability to walk. A short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the treater does not indicate any rationale or goals for the requested 8 additional sessions of therapy. As patient has already completed 8 sessions with now near full range of motion of the left hip, an additional 8 physical therapy sessions exceed what is allowed by MTUS for this type of condition. Recommendation is for denial.