

Case Number:	CM14-0205596		
Date Assigned:	12/17/2014	Date of Injury:	07/25/2013
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/09/2014

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 & Rehabn

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 41-year-old male with an injury date on 07/25/2013. Based on the 10/30/2014 progress report provided by the treating physician, the diagnosis is: 1. Lumbar Disc Displacement without myelopathy. According to this report, the patient complains of "chronic low back and left knee pain." The patient also complains of anxiety and depression. The patient is status post left knee arthroscopy on 08/29/2014; pain level prior to surgery was 7/10 and now is a 4/10 at the left knee. Physical exam reveals a restricted lumbar range of motion. Decreased sensation is noted at the right L5 dermatome. Straight leg raise is positive on right. MRI of the lumbar spine on 10/14/2013 shows: 1. L4-5: there is a right paracentral disc protrusion with posterior annulus tear. It contacts the exiting right nerve root, and mildly narrows the right foramina. 2. L5-S1, there is a small posterior disc protrusion with posterior annular tear. The treatment plan is request physical therapy for the lumbar spine to "help reduce pain and increase strength and range of motion and function" and appeal the denial for the postoperative physical therapy for the knee. The patient's work status is "not working at this time." There were no other significant findings noted on this report. The utilization review denied the request for 12 Physical Therapy Visits for Low Back on 11/21/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/29/2014 to 10/28/2014.

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 Low Back (2 times a week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98, 99, 8.

Decision rationale: According to the 10/30/2014 report, this patient presents with "chronic low back and left knee pain." The current request is for 12 Physical Therapy Visits for Low Back (2 times a week for 6 weeks). The Utilization Review denial letter states there is "6 prior physical therapy visits for the back-without sustained gains. There is no documented functional improvement after most recent physical therapy." For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the submitted records show no therapy reports and there is no discussion regarding the patient's progress. There is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the patient's treatment history and no discussion as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request is not medically necessary.