

Case Number:	CM14-0206165		
Date Assigned:	12/18/2014	Date of Injury:	01/01/2014
Decision Date:	02/11/2015	UR Denial Date:	12/02/2014
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. The expert reviewer is Board Certified in Physical Medicine Rehab, 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 52 year old male with an injury date of 01/01/2014. Based on the 12/11/14 progress report provided by treating physician, the patient complains of pain to the knees, neck, lower back, right shoulder, and right hand. Patient is status post extracorporeal shock wave therapy to the right knee on 07/25/14, has no documented surgical history directed at lower back pain complaint. Physical examination 06/09/14 revealed tenderness to palpation to the the lumbar paraspinal muscles bilaterally. Range of motion was decreased, especially on flexion at (45 degrees).The patient is currently taking ibuprofen. Diagnostic imaging included MRI of the lumbar spine dated 08/09/14, impression notes mild diffuse disc herniation and mild lateral stenosis bilaterally at L2-L3, L3-L4, L4-L5, L5-S1 levels and disc desiccation at L5-S1 with associated loss of disc height. Patient has had 22 physical therapy sessions to date. Patient is currently not working. Diagnosis 07/08/14- Myofascitis/muscle spasm, lumbar spine- Stress/Anxiety/Depression- Sexual dysfunction- Insomnia- Pain to the cervical and lumbar spine- Pain to the right wrist- Pain to the right knee The utilization review determination being challenged is dated 12/02/14.The rationale is: "... based on the medical records provided for review, the request for physical therapy is not recommended... no detailed clinical examination was provided for review documenting the patient's current findings..." Treatment reports were provided from 06/09/14 to 12/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 5 weeks to the lumbar spine: Upheld

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

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

Decision rationale: The patient presents with pain to the knees, neck, lower back, right shoulder, and right hand. The request is for physical therapy 2 times a week for 5 weeks to the lumbar spine. Physical examination 06/09/14 revealed tenderness to palpation to the lumbar paraspinal muscles bilaterally. Range of motion was decreased, especially on flexion at (45 degrees). The patient is currently taking ibuprofen. Diagnostic imaging included MRI of the lumbar spine dated 08/09/14, impression notes mild diffuse disc herniation and mild lateral stenosis bilaterally at L2-L3, L3-L4, L4-L5, L5-S1 levels and disc desiccation at L5-S1 with associated loss of disc height. Patient has had 22 physical therapy sessions to date. 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." Treater has not documented reason for the request. Based on physical therapy reports dated 06/23/14-10/28/14, the patient has undergone 22 physical therapy sessions directed at his cervical spine, lumbar spine, and knee pain complaints with no documented improvement of his symptoms. While conservative treatment such as physical therapy is indicated for treatment of chronic pain of this nature, there is no documentation of functional improvement, nor discussion of flare-ups or new injuries in the notes provided. Furthermore, the patient recently completed 22 sessions and additional sessions would not be indicated as MTUS limits therapy for this type of condition to 8-10 visits. The request is not medically necessary.