

Case Number:	CM14-0208938		
Date Assigned:	12/22/2014	Date of Injury:	01/01/2008
Decision Date:	02/13/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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 68 year old male with the injury date of 01/01/08. The reports provided by the treater contain little information regarding the patient's condition, treatment history, etc.,. Per physician's report 10/20/14, the patient has left elbow pain at 6-10/10. The patient wears a tennis elbow strap. X-ray of the left elbow demonstrates lateral epicondylitis. The patient is retired. The lists of diagnoses are:1) Pain, joint forearm2) Effusion of joint upper armPer 09/29/14 progress report, the patient has left elbow pain and lower back pain. The patient used to take Zanaflex and Norco. The patient uses H-wave which gives relief for 3 hours. The patient is now interested in ESI but wants to try physical therapy first. The patient has difficulty with toe and heel ambulation. There is tenderness over left L-spine area at L4-5 and L5-S1 levels. The lists of diagnoses are:1) Left lower extremity radiculitis2) Chronic L/S strain3) Lumbar myospasms4) Sleep disturbancePer 08/08/14 progress report, the patient has problem with surgery scheduling and the name of surgery is not identified. The treater keeps requesting 8 sessions of physical therapy since 07/08/14. The utilization review determination being challenged is dated on 12/11/14. Treatment reports were provided from 07/08/14 to 10/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) two times a week for six weeks for the lumbar spine: 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

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

Decision rationale: The patient presents with pain in his lower back and left elbow. The request is for 12 sessions of physical therapy for the lumbar spine. The patient has had 10 sessions of physical therapy between 07/01/14 and 08/15/14. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. None of the reports discuss what can be accomplished with additional therapy or how the patient has responded to the physical therapy in terms of pain reduction or functional improvement, except general statement such as "treatment is effective for the patient's pain relief." It would appear that the patient has had adequate therapy recently. The treater does not explain why the patient is unable to transition into a home program. The current request for 12 combined 10 already received exceeds what is recommended per MTUS guidelines. Furthermore, the utilization review letter 12/02/14 modified this request of 12 sessions of therapy to 3 sessions. The request of 12 sessions of physical therapy is not medically necessary.