

Case Number:	CM14-0083659		
Date Assigned:	07/21/2014	Date of Injury:	04/22/2013
Decision Date:	04/10/2015	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/05/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 injured worker (IW) is a 68-year-old male who sustained an industrial injury on 04/22/2013. He has reported pain in the right hip, low back, mid back, and right knee. There was also a recent onset of mild right shoulder and ankle pain. Diagnoses include thoracic degenerative disc disease, lumbar degenerative disc disease, lumbar radiculopathy, and long-term (current) use of other medications. Treatments to date include medications, cardiac rehabilitation, and psychology sessions. A progress note from the treating provider dated 05/08/2014 indicates the worker has a wide-based gait, and normal posture. He complains of muscle aches and weakness with arthralgias/joint and back pain. He is taking Norco with a 40 percent decrease in pain. Other medications include Flexaril 10 mg tablets, hydrocodone 7.5 mg-acetaminophen 325 mg, and Skelaxin 800 mg. At the time of the visit, he had been going to cardiac rehabilitation and to psychology sessions, and had been approved for physical therapy. On 05/21/2014 Utilization Review non-certified a request for 6 Sessions of physical therapy, 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of physical therapy, 2 times a week for 3 weeks: 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 68 year old male has complained of right hip pain, low back pain and right knee pain since date of injury 4/22/13. He has been treated with physical therapy and medications. The current request is for 6 sessions of physical therapy twice per week for 3 weeks. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The patient has received prior passive physical therapy and the medical rationale for continued passive physical therapy is not documented. On the basis of the available medical documentation and per the MTUS guidelines cited above, 6 sessions of physical therapy, 2 times a week for 3 weeks, is not indicated as medically necessary.