

Case Number:	CM15-0004161		
Date Assigned:	01/15/2015	Date of Injury:	08/31/2008
Decision Date:	03/13/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/08/2015

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 & Rehabilitation

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 is a 70 year old female who sustained an industrial related injury on 8/1/01. The injured worker had complaints of pain, burning, and numbness of the left lower extremity. Lumbar pain was also noted. Diagnoses included left foot neuralgia and lumbar herniated nucleus pulposus. The treating physician requested authorization for physical therapy 2x6 weeks. On 12/18/14 the request was non-certified. The utilization review physician cited the Chronic Pain Medical Treatment guidelines and noted the specific area/body part to be treated with physical therapy is not identified. There was also no documentation as to the injured worker's response to any prior physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the 12/18/14 Utilization Review letter, the Physical Therapy 2x6 requested on the 12/10/14 medical report was denied because there was no discussion of functional improvement with the previously provided physical therapy. According to the handwritten orthopedic PR-2 report, the patient has continued pain, burning, numbness on the left lower extremity. The diagnoses include: left foot neuralgia and lumbar herniated disc. The plan was "PT 2x6 weeks." MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. The request for 12 sessions of physical therapy exceeds the MTUS recommendations. The request for Physical Therapy for the low back 3x4 IS NOT medically necessary.