

Case Number:	CM15-0006048		
Date Assigned:	01/20/2015	Date of Injury:	02/09/2012
Decision Date:	03/18/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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 58 year old female with a date of injury as 02/09/2012. The cause of the injury was related to a slip and fall incident. The current diagnoses include lumbar disc displacement and sprain/strain of hip and thigh. Previous treatments include medications, physical therapy, and injection. Report dated 11/26/2014 noted that the injured worker presented with complaints that included left hip pain and aching pain in the lumbar spine, pain level was rated as 8 out of 10. Physical examination revealed decreased range of motion, and strength to the lumbar spine. The physician noted that he was requesting authorization of the additional physical therapy to improve dynamic stability and relief of pain Physical therapy progress notes from 08/28/2014 through 11/19/2014 indicates that the injured worker had completed 24 visits. Physical therapy progress note dated 11/19/2014 notes that the injures worker has diminished pain since coming for therapy, exercises have reduced pain, also being able to do more at home and sustain going out with family. The injures worker reported random flare-ups with prolonged activities requiring constant position changes. The therapist noted that the injured worker has made good progress towards goals with increased tolerance to daily activities, decreased irritability in the left hip and low back, and increased core stability. It was further documented that the injured worker was independent with a home exercise program. The injured worker was discharged from therapy. The injured worker is retired. The utilization review performed on 12/15/2014 non-certified a prescription for physical therapy of the lumbar spine and left hip 3 x 4 based on no extenuating circumstances noted to exceed current treatment guidelines or that the

injured worker cannot perform a home based exercise program. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar Spine and Left Hip 3 x 4: Upheld

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

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

Decision rationale: According to the 11/26/2014 report, this patient presents with "pain to the left hip and also aching pain to the lumbar spine" that is a 6/10 on the pain scale. The current request is for "additional" Physical therapy lumbar spine and left hip 3x4. The patient's work status is "retired but if not she would be TTD." 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. In reviewing the provided reports, the patient had completed 24 sessions of physical therapy on 11/19/2014 and "has made good progress." The treating physician does not provided a 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.