

Case Number:	CM15-0013480		
Date Assigned:	02/02/2015	Date of Injury:	12/11/2007
Decision Date:	04/08/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/23/2015

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 57 year old male, who sustained a work related injury on 12/11/07. The diagnoses have included lumbosacral disc degeneration, lumbago, ankle sprain/strain, lumbar spondylosis and chronic pain syndrome. Treatments to date have included MRI left foot, oral medications, physical therapy, use of ankle/feet braces and orthopedic shoes. In the PR-2 dated 12/19/14, the injured worker complains of lumbosacral pain with radiation to left posterior buttock and hamstring. He rates the pain a 6-7/10. He has tenderness to palpation of paralumbar musculature. He reports paresthesias symptoms in bilateral ankles and feet. On 12/31/14, Utilization Review non-certified requests for physical therapy 1 x 6 low back and physical therapy 1 x 6 for bilateral ankles. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 x 6 low back: Upheld

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

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

Decision rationale: According to 12/19/2014 report, this patient presents with a 6-7/10 lumbosacral pain with radiation into the left posterior buttock and hamstring. Overall his pain is unchanged. The current request is for Physical therapy 1 x 6 low back to help increase strength and endurance. The request for authorization is on 12/22/2014. The patient's work status is remain off-work; he is on workman's comp disability/retirement. 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. According to the records made available for review, the Utilization Review state, "The claimant has a longstanding injury and has previously completed physical therapy. There is no clear documentation of the number of sessions completed or any functional improvement obtained as a result of these sessions." In this case, the available records show no therapy reports. No documentation of flare-up or a new injury to warrant formalized therapy. The treating physician does not discuss the patient's treatment history nor is a discussion provided 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. Therefore, the request IS NOT medically necessary.

Physical therapy 1 x 6 for bilateral ankles: Upheld

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

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

Decision rationale: According to the 12/19/2014 report, this patient presents with a 6-7/10 lumbosacral pain with radiation into the left posterior buttock and hamstring. Overall his pain is unchanged. The current request is for Physical therapy 1 x 6 for bilateral ankles to help increase strength and endurance. The request for authorization is on 12/22/2014. The patient's work status is remain off-work; he is on workman's comp disability/retirement. 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. According to the records made available for review, the Utilization Review state "The claimant has a longstanding injury and has previously completed physical therapy. There is no clear documentation of the number of sessions completed or any functional improvement obtained as a result of these sessions." In this case, the available records show no therapy reports. No documentation of flare-up or a new injury to warrant formalized therapy. The treating physician does not discuss the patient's treatment history nor is a discussion provided 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. Therefore, the request IS NOT medically necessary.

