

Case Number:	CM15-0016335		
Date Assigned:	02/04/2015	Date of Injury:	09/23/2013
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/28/2015

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: Pennsylvania, Ohio, 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 61 year old male, who sustained an industrial injury on September 23, 2014. He has reported being hit by a semi-truck while walking across a parking lot. Injuries included loss of three teeth, left rotator cuff tear and injury to back. The diagnoses have included lumb/lumbosacral disc degeneration and postlaminectomy syndrome lumbar. Treatment to date has included diagnostic studies, surgery, medications, acupuncture, exercises, electrical stimulation, physical therapy and aquatic therapy. Currently, the injured worker complains of pain level in his left ankle and lumbar spine increased to about a 3-4 on a 1-10 pain scale. His lumbar pain is described as burning, dull, numb, sharp, shooting and spasm. He stated that he gets intermittent sharp stabbing pain in his ankle and feet that is controlled about 70-80% by his medications. He reported unchanged pain in the shoulders described as aching. He reported being able to all activities of daily living except for pushing and pulling which causes too much lower back pain. He is having interrupted sleep due to pain. On January 20, 2015, Utilization Review non-certified physical therapy re-evaluation completed on 12/24/2014 and additional aquatic therapy for the lumbar spine, bilateral ankles and feet (2-3 x 4-6), noting the CA MTUS Guidelines. On January 28, 2015,, the injured worker submitted an application for IMR for review of physical therapy re-evaluation completed on 12/24/2014 and additional aquatic therapy for the lumbar spine, bilateral ankles and feet (2-3 x 4-6).

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE Physical therapy re-evaluation (12/24/14): 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: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation or for an additional physical therapy evaluation. This request is not medically necessary.

Additional aquatic therapy for the lumbar spine, bilateral ankles and feet 2-3 times a week for 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Aquatic Therapy Page(s): 98-99 and 22.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation in either a land-based or aquatic environment. This request is not medically necessary.