

Case Number:	CM15-0139972		
Date Assigned:	08/04/2015	Date of Injury:	05/31/2011
Decision Date:	09/22/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/18/2015

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 68-year-old female patient who sustained an industrial injury on May 31, 2011. A recent primary treating office visit dated June 11, 2015 reported the patient with subjective complaint of ongoing pain in the low back with radiation to the left hip and leg. She states it is difficult to walk, stand and sit due to the pain. She had completed 6 session of physical therapy, which was beneficial and reports that Ibuprofen does not adequately control the pain. Objective findings showed the lumbar spine with tenderness upon palpation to bilateral paraspinal sacroiliac joints. The following diagnoses were applied: bilateral shoulder tendonitis with acromioclavicular arthritis; cervical spine strain with radicular complaints; left hip mild degenerative joint disease and left knee strain; lumbar spine multi-level degenerative disc disease. The plan of care noted authorization for review of medical records being requested in a STAT fashion due to the patient's treatment being held up. There is recommendation for additional physical therapy session and continue with medications. The patient is retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2X3 to bilateral shoulders: Upheld

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

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

Decision rationale: The patient presents with pain in low back with radiation to the left hip and leg. The request is for additional physical therapy 2x3 to bilateral shoulders. The request for authorization is not provided. Physical examination of the lumbar spine reveals tenderness to palpation over the paraspinals and SI joint bilaterally. Range of motion of the cervical spine was reduced. The patient has completed a total of 14 sessions of physical therapy since she sustained her injury. The therapy was beneficial, as it decreased the patient's pain and increased her walking capacity. The patient's medication includes Ultracet. Per progress report dated 06/11/15, the patient is retired. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 06/11/15, treater's reason for the request is "Since therapy has been beneficial thus far but the patient remains symptomatic." Given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Additionally, the patient has already attended 14 sessions of physical therapy. In this case, the request for 6 additional sessions of physical therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request is not medically necessary.

Additional physical therapy 2X3 to the cervical spine: Upheld

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

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

Decision rationale: The patient presents with pain in low back with radiation to the left hip and leg. The request is for additional physical therapy 2x3 to the cervical spine. The request for authorization is not provided. Physical examination of the lumbar spine reveals tenderness to palpation over the paraspinals and SI joint bilaterally. Range of motion of the cervical spine was reduced. The patient has completed a total of 14 sessions of physical therapy since she sustained her injury. The therapy was beneficial, as it decreased the patient's pain and increased her walking capacity. The patient's medication includes Ultracet. Per progress report dated 06/11/15, the patient is retired. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10

visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 06/11/15, treater's reason for the request is "Since therapy has been beneficial thus far but the patient remains symptomatic." Given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Additionally, the patient has already attended 14 sessions of physical therapy. In this case, the request for 6 additional sessions of physical therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request is not medically necessary.

Additional physical therapy 2X3 to left hip: Upheld

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

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

Decision rationale: The patient presents with pain in low back with radiation to the left hip and leg. The request is for additional physical therapy 2x3 to left hip. The request for authorization is not provided. Physical examination of the lumbar spine reveals tenderness to palpation over the paraspinals and SI joint bilaterally. Range of motion of the cervical spine was reduced. The patient has completed a total of 14 sessions of physical therapy since she sustained her injury. The therapy was beneficial, as it decreased the patient's pain and increased her walking capacity. The patient's medications include Ultracet. Per progress report dated 06/11/15, the patient is retired. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 06/11/15, treater's reason for the request is "Since therapy has been beneficial thus far but the patient remains symptomatic." Given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Additionally, the patient has already attended 14 sessions of physical therapy. In this case, the request for 6 additional sessions of physical therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request is not medically necessary.

Additional physical therapy 2X3 to lumbar spine: Upheld

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

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

Decision rationale: The patient presents with pain in low back with radiation to the left hip and leg. The request is for additional physical therapy 2x3 to lumbar spine. The request for authorization is not provided. Physical examination of the lumbar spine reveals tenderness to palpation over the paraspinals and SI joint bilaterally. Range of motion of the cervical spine was reduced. The patient has completed a total of 14 sessions of physical therapy since she sustained her injury. The therapy was beneficial, as it decreased the patient's pain and increased her walking capacity. The patient's medication includes Ultracet. Per progress report dated 06/11/15, the patient is retired. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 06/11/15, treater's reason for the request is "Since therapy has been beneficial thus far but the patient remains symptomatic." Given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Additionally, the patient has already attended 14 sessions of physical therapy. In this case, the request for 6 additional sessions of physical therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request is not medically necessary.