

Case Number:	CM15-0140334		
Date Assigned:	07/30/2015	Date of Injury:	01/24/2007
Decision Date:	08/26/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old female who sustained an industrial/work injury on 1-24-07. She reported an initial complaint of low back pain and bilateral knee pain. The injured worker was diagnosed as having bilateral wrist-hand sprain-strain, lumbar spine sprain-strain with radicular symptoms, bilateral knee sprain-strain, and status post right knee arthroscopy with residuals. Treatment to date includes medication, physical therapy, and diagnostics. Currently, the injured worker complained of intermittent low back and bilateral knee pain. Per the primary physician's report (PR-2) on 4-10-15, exam of bilateral wrists-hands demonstrates restricted range of motion due to pain, decreased grip. The lumbar spine has tenderness to palpation about the lumbar paravertebral musculature, spasms, and restricted range of motion, and positive straight leg raise bilaterally. The knees revealed tenderness about the medial and lateral joint lines, restricted range of motion due to complaints of pain. The requested treatments include physical therapy for the lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Low Back Chapter. Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in January 2007 and continues to be treated for low back pain, bilateral knee pain, and bilateral wrist and hand pain. When seen, there was decreased lumbar spine range of motion with muscle spasms and tenderness with positive straight leg rising. There was bilateral knee joint line tenderness with decreased and painful range of motion. Authorization was requested for eight sessions of physical therapy. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.