

Case Number:	CM15-0145186		
Date Assigned:	08/06/2015	Date of Injury:	04/23/2011
Decision Date:	09/02/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/27/2015

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: Emergency Medicine

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 45 year old male who sustained an industrial injury on 4-23-2011. He has reported lower back pain a 6 out of 10 and right thigh pain a 0 out of 10 and has been diagnosed with low back pain, lumbosacral spondylosis without myelopathy, right hip pain, right hip superior labrum tear, acquired pelvic obliquity with right ilium upslip, and lumbar core-pelvis weakness and instability. Treatment has included medications and physical therapy. Gait testing showed a short step left, left shifted restriction of right trailing limb, and excessive right knee flexion with right foot toe off. Bilateral march testing showed right sacroiliac joint hypomobility. Analysis of the bilateral anterior and posterior superior iliac spines showed a pelvic obliquity with right ilium posterior rotation and outflare. There was decreased range of motion of the lumbar spine and hips. The treatment plan included 8 visits of physical therapy to correct the pelvic obliquity and address the lumbar core-pelvis weakness and instability. The treatment request included 8 physical therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits for the lumbar spine: Upheld

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

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

Decision rationale: The requested 8 physical therapy visits for the lumbar spine, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has decreased range of motion of the lumbar spine and hips. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, 8 physical therapy visits for the lumbar spine is not medically necessary.