

Case Number:	CM15-0147153		
Date Assigned:	08/10/2015	Date of Injury:	05/27/2013
Decision Date:	09/15/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/29/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 59-year-old male with an industrial injury dated 05-27-2013. The injured worker's diagnoses include severe radiculopathy with left sided drop foot status post decompressive surgery on 02-25-2015. Treatment consisted of diagnostic studies, 6 sessions of physical therapy and periodic follow up visits. In a progress note dated 06-22-2015, the injured worker reported severe low back pain, left sided drop foot and severe neck pain. Objective findings revealed that the injured worker walks with a limp with his left foot dragging. The treating physician reported that without the physical therapy, the outcome will be poor in the surgical recovery process resulting in permanent left sided foot drop. The treatment plan consisted of ankle support brace and physical therapy. The treating physician prescribed services for physical therapy twelve visits for lower back, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 visits for lower back: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) low back and pg 74.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ODG guidelines, therapy post-operatively for spinal decompression can consist of 16 session of therapy. In this case, post-op notes and therapy records were not provided to substantiate necessity for additional therapy. Prior case reviews mentioned completion of 16 sessions of therapy. There is no indication that additional therapy cannot be completed at home. The request for 12 sessions of physical therapy is not medically necessary.