

Case Number:	CM15-0147326		
Date Assigned:	08/10/2015	Date of Injury:	12/05/2011
Decision Date:	09/28/2015	UR Denial Date:	06/30/2015
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: California, Hawaii
 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:

This 33 year old female sustained an industrial injury on 12-05-11. She subsequently reported low back pain. Diagnoses include right knee internal derangement, lumbar sprain and strain and lumbar radiculopathy. Treatments to date include physical therapy and prescription pain medications. The injured worker continues to experience low back and right knee pain. Upon examination of the lumbar spine, range of motion was reduced. Tenderness and spasms were noted throughout the lumbar region. Straight leg raise tests were positive bilaterally. A request for Physical therapy 1 X 6 lumbar spine was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 X 6 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 affecting the lumbar spine. The current request is for Physical Therapy 1 X 6 lumbar spine. The report with this request was not provided for review. The reviewing physician states in the utilization report dated 6/30/15, "Their records show this claimant as having received 14 visits of PT thus far". (6A) The MTUS guidelines state, They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process, and MTUS only allows 8-10 sessions of physical therapy. In this case, there are no records provided from the primary treating physician. It cannot be determined from the records, why another course of PT is needed. There is no evidence of a new injury or flare-up. The only record provided is a QME report of 4/14/2015. In the QME report, there is no recommendation for PT in the future medical section. The current request is not medically necessary.