

Case Number:	CM15-0149150		
Date Assigned:	08/12/2015	Date of Injury:	07/12/2002
Decision Date:	09/10/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/31/2015

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 61 year old female who sustained an industrial injury on 7-12-02. The mechanism of injury was unclear. She currently complains of significant right leg pain. On physical exam there was a positive straight leg raise (per 4-23-15 note). She received a Toradol injection per 4-23-15 and 7-2-15 notes but other medications were not identified. Diagnosis was right leg pain. Diagnostics include MRI of the lumbar spine (4-19-15) showed moderate central canal stenosis and severe foraminal stenosis. In the progress note dated 7-2-15 the treating provider indicates that the injured worker did not do therapy because her therapist was out of town. The therapist is back and she would like therapy. The provider requested additional physical therapy 3 times per week for four weeks to lumbar spine. There were no prior documents available indicating improved function, decrease in pain or medications with prior physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy 3 times a week for 4 weeks lumbar, 7/6/15 script: 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 Medicines Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior PT sessions (Total number was not documented but at least 12 is noted to have been approved) was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Maximum number of sessions recommended is 10 session. This request alone exceed guideline maximum. Additional 12 physical therapy sessions is not medically necessary.