

Case Number:	CM15-0149389		
Date Assigned:	08/12/2015	Date of Injury:	04/02/2015
Decision Date:	09/15/2015	UR Denial Date:	07/20/2015
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, 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:

The injured worker is a 24 year old female, who sustained an industrial injury on 4-2-15. She reported pain in the back, legs, knees, and feet. The injured worker was diagnosed as having lumbar neuritis or radiculitis, lumbar sprain or strain, bilateral knee sprain or strain, and bilateral foot sprain or strain. Treatment to date has included medication. Physical examination findings on 6-22-15 included tenderness to palpation over the parathoracic and paralumbar region bilaterally. A straight leg raise was negative. Hyperesthesia at L4-5 dermatomes was noted. Bilateral knee range of motion was normal. Currently, the injured worker complains of pain in the back, knees, legs, and feet. The treating physician requested authorization for physical therapy 3x4 for bilateral knees, bilateral feet, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks to bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with upper, mid and low back pain and bilateral lower extremity pain with weakness, numbness and tingling that gives way to swelling. The current request is for 12 sessions of physical therapy for bilateral feet. UR modified the request to 2 session of physical therapy. The treating physician states on 6/22/15 (41B) "We are requesting authorization for physical therapy of the lumbar spine, knees and feet three times a week for four weeks." MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The current request for 12 sessions exceeds what MTUS allows for this type of condition. The current request is not medically necessary.

Physical therapy 3 times a week for 4 weeks to bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with upper, mid and low back pain and bilateral lower extremity pain with weakness, numbness and tingling that gives way to swelling. The current request is for 12 sessions of physical therapy for bilateral feet. UR modified the request to 2 session of physical therapy. The treating physician states on 6/22/15 (41B) "We are requesting authorization for physical therapy of the lumbar spine, knees and feet three times a week for four weeks." MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The current request for 12 sessions exceeds what MTUS allows for this type of condition. The current request is not medically necessary.

Physical therapy 3 times a week for 4 weeks to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with upper, mid and low back pain and bilateral lower extremity pain with weakness, numbness and tingling that gives way to swelling. The current request is for 12 sessions of physical therapy to the lumbar spine. UR modified the request to 2 session of physical therapy. The treating physician states on 6/22/15 (41B) "We are requesting authorization for physical therapy of the lumbar spine, knees and feet three times a week for four weeks." MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.

For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The current request for 12 sessions exceeds what MTUS allows for this type of condition. The current request is not medically necessary.

