

Case Number:	CM15-0164523		
Date Assigned:	09/01/2015	Date of Injury:	08/05/2013
Decision Date:	10/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/21/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 31 year old female, who sustained an industrial injury on 8-5-2013. She reported a low back injury from the left arm being pulled and falling. Diagnoses include thoracic or lumbosacral radiculitis, lumbar sprain and strain, lumbago and sciatica. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, acupuncture treatments, and epidural steroid injections. Currently, she complained of pain in the low back and left lower extremity. On 7-20-15, the physical examination documented a left sided antalgic gait, lumbar facet loading test and straight leg raise test as positive on the left side. The plan of care included a request to authorize six physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions (frequency unspecified) for left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) KNEE PHYSICAL THERAPY.

Decision rationale: Per MTUS CPMTG, 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." The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2): Medical treatment: 12 visits over 8 weeks. Post-surgical (ACL repair): 24 visits over 16 weeks. Pain in joint; Effusion of joint (ICD9 719.0; 719.4): 9 visits over 8 weeks. Arthritis (Arthropathy, unspecified) (ICD9 716.9): Medical treatment: 9 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week. Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks. Abnormality of gait (ICD9 781.2): 16-52 visits over 8-16 weeks (Depends on source of problem). Per the guidelines, patients should be formally assessed after a "six-visit clinical trial" to determine whether continuing with physical therapy is appropriate. The medical records submitted for review indicate that the injured worker has previously been treated with physical therapy. The number of sessions and response to treatment was not documented. Absent such, the medical necessity of further physical therapy cannot be affirmed. The request is not medically necessary.