

Case Number:	CM15-0166988		
Date Assigned:	09/04/2015	Date of Injury:	10/08/2014
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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, Texas

Certification(s)/Specialty: Internal 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 58 year old male, who sustained an industrial-work injury on 10-8-14. He reported initial complaints of low back and right knee pain. The injured worker was diagnosed as having right knee sprain and patellar contusion, right knee medial meniscus tear with chondromalacia patella. Treatment to date has included medication, lumbar fusion surgery (4-2015), knee surgery (5-2015), diagnostics, and physical therapy. X-rays were reported on 6-24-15 that revealed 4 mm retrolisthesis of L1 on L2, status post discectomy and anterior fusion of L4-5 and L5-S1, and mild spondylosis. Currently, the injured worker complains of lumbar discomfort relieved by over the counter analgesic. Per the primary physician's progress report (PR-2) on 8-7-15, exam reveals normal gait, negative straight leg raise, motor strength is 5 out of 5, full range of motion in the lumbar spine except for extension which is 15 degrees. Overall function was improved. Current plan of care includes core strengthening with more therapy. The requested treatment included Physical therapy for the lumbar area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for lumbar Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Low Back Procedure Summary Online Version last updated 07/17/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has already had physical therapy related to low back pain. The documentation does not support that the patient has any new injury or exacerbation of pain that would require further PT sessions to start a HEP.