

Case Number:	CM15-0180357		
Date Assigned:	09/22/2015	Date of Injury:	09/08/2013
Decision Date:	10/26/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58 year old male, who sustained an industrial injury on 9-8-2013. The injured worker was diagnosed facetogenic lower back pain, status post left total knee replacement, right knee osteoarthritis, history of hypertension and diabetes mellitus under medical control, and left knee primary and post-traumatic osteoarthritis. The request for authorization is for: physical therapy for the lumbar, two times weekly for four weeks. The UR dated 9-3-2015: modified certification of physical therapy for the lumbar two times weekly for three weeks. On 6-12-2015, he reported low back pain. He is noted to be retired. On 8-26-2015, he reported continued low back pain, and right hip pain with ambulation. Physical examination revealed restricted lumbar range of motion, ambulation with crutches, tenderness and spasm to the low back area. The records do not indicate previous physical therapy for the lumbar spine. The treatment and diagnostic testing to date has included: medications, left total knee replacement (2-27-15), physical therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x/4 for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in September 2013 and a left total knee replacement in February 2015. When seen, he was continuing to receive physical therapy treatments after his knee surgery. He had been noticing right hip pain when walking. He was having persistent low back pain. Physical examination findings included decreased lumbar spine range of motion with muscle spasms and guarding and tenderness at the lumbosacral junction. Authorization for eight sessions of physical therapy for core stabilization and trunk exercises was requested. The claimant is being treated for chronic pain with no new injury to the low back. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The claimant was already receiving therapy after his knee surgery and there would be considerable overlap of therapeutic content. The request is not medically necessary.