

Case Number:	CM15-0180359		
Date Assigned:	09/22/2015	Date of Injury:	04/28/2015
Decision Date:	10/29/2015	UR Denial Date:	08/31/2015
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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old male patient, who sustained an industrial injury due to cumulative trauma from 6/6/1988 to 4/28/2015. The diagnoses include lumbar spine myoligamentous sprain-strain and lumbar spine degenerative disc disease, cervical sprain, bilateral elbow lateral epicondylitis and right knee internal derangement. According to the progress report dated 8-5-2015, he had complaints of low back pain, neck pain and bilateral knee pain. The physical examination revealed lumbar spine-slight tenderness in the paravertebral muscles, decreased and painful range of motion; cervical spine-tenderness and decreased range of motion; bilateral elbows-tenderness over the lateral epicondyles; right knee-medial joint line tenderness and positive McMurray test. The current medications are over-the-counter Tylenol, Ibuprofen, and Advil. He has had X-rays for the lumbar spine and bilateral knees on 6/26/2015. Work status is described as regular duty. Per the doctor's note dated 6/19/2015, he has had 7 physical therapy visits in 9/2007 and 2-3 physical therapy visits in 2014. The original utilization review (8-31-2015) partially approved a request for 6 physical therapy sessions for the lumbar spine (original request was for #12).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (acute & chronic).

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

Decision rationale: 12 Physical therapy visits for the lumbar spine. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. The requested physical therapy sessions are more than recommended by the cited criteria. Per the doctor's note dated 6/19/2015, he has had 7 physical therapy visits in 9/2007 and 2-3 physical therapy visits in 2014. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of 12 Physical therapy visits for the lumbar spine is not established for this patient at this time. Therefore, the request is not medically necessary.