

Case Number:	CM15-0181107		
Date Assigned:	09/22/2015	Date of Injury:	06/30/2009
Decision Date:	10/27/2015	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: California, Indiana, New York
 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 56 year old female, who sustained an industrial injury on 6-30-15. Current diagnoses or physician impression include lumbar radiculopathy, lumbar facet arthropathy, myofascial pain and muscle spasms. Her work status is permanent and stationary. A report dated 8-28-15 reveals the injured worker presented with complaints that include low back, neck, left shoulder and left knee pain. A note dated 6-29-15 reveals complaints of pain and stiffness in her low back that radiates into her bilateral lower extremities. The pain is described as constant, throbbing and aching. The pain is reduced from 9 out of 10 to 4 out of 10 with medication. She reports the pain is aggravated by prolonged sitting, standing, walking and bending and is reduced by medication and rest. A physical examination dated 8-28-15 revealed tenderness at the left knee and shoulder as well as tenderness and stiffness right shoulder, cervical and lumbar spine. An examination on 6-29-15 reveals lumbar spine is tender to palpation over the bilateral paraspinal musculature and bilateral spinous process. The lumbar range of motion is limited on all parameters. She has a positive straight leg raise and, facet loading is positive for pain bilaterally. Treatment to date has included pain management and medications (Norco, Flexeril). Diagnostic studies to date has included MRI (2009, 2015), electrodiagnostic studies (2010) and urine toxicology screen. A request for authorization dated 8-28-15 for outpatient physical therapy 2 times a week for 6 weeks was modified to 2 times a week for 3 weeks due to previous physical therapy with unknown response to treatment and number of sessions completed, per Utilization Review letter dated 9-3-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy (PT) two (2) times per week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, outpatient physical therapy two times per week times six weeks is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical sprain strain; lumbar sprain strain; bilateral shoulder sprain strain; and status post arthroscopy left knee. Date of injury is June 30, 2009. Request for authorization is August 28, 2015. According to a pain management progress note, the injured worker receives conservative treatment including medications and an unknown number of physical therapy sessions. According to a progress note dated August 28, 2015, subjective complaints include low back pain, neck, left shoulder and left knee pain. Objectively, there is tenderness to palpation at the lumbar and cervical paraspinal muscles and decreased range of motion. The documentation indicates the injured worker received an unknown number of physical therapy sessions. There are no physical therapy progress notes. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, an unknown number of prior physical therapy sessions, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is warranted, outpatient physical therapy two times per week times six weeks is not medically necessary.