

Case Number:	CM15-0184122		
Date Assigned:	09/24/2015	Date of Injury:	07/19/2012
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/18/2015

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

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:

The injured worker is a 55 year old female who sustained an industrial injury on 7-19-12. A review of the medical records indicates she is undergoing treatment for acute low back strain and sprain aggravating chronic lumbar spondylolysis and degenerative disc disease - does not appear to have progressive radiculopathy or neurologic deficit, as well as right knee persistent advanced osteoarthritis symptoms that have progressed despite maximum non-operative treatment. Medical records (7-8-15 to 8-31-15) indicate that she experienced acute low back pain on 7-8-15, following a "mild slip" and twisting of her back. The progress report states, "now she can hardly stand, sit, and lie down for more than 10 to 15 minutes". The treating provider states, "she is miserable". The physical therapy progress report (8-31-15) indicates that the injured worker describes her pain as a "constant ache", rating it "1-2 out of 10". She also reports pain down the left greater than right lower extremities from the buttocks throughout the postero-lateral thigh. The treating therapist indicates that "her general condition and tolerance to the exercise has improved with each visit" and indicates that the "plan is to steadily progress the exercise program to build core strength and endurance, and ultimately improve function". The treating therapist states that the injured worker is "requesting to continue physical therapy". The request for authorization (9-2-15) includes continue physical therapy 2 times a week for 4 weeks. The utilization review (9-9-15) indicates denial of the request with the rationale that "the claimant had been provided 19 physical therapy sessions recently" and "there is an absence of documentation noting that this claimant cannot perform a home exercise program".

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Continued Physical Therapy to the Low back, Two times a week for four weeks # 8: 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 rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) 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. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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 MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. In this case, the injured worker has completed 19 sessions of physical therapy and by now should be able to perform an independent home exercise program. The medical records do not establish that the injured worker is unable to participate in a home exercise program. The request for Outpatient Continued Physical Therapy to the Low back, Two times a week for four weeks # 8 is not medically necessary and appropriate.