

Case Number:	CM15-0187945		
Date Assigned:	09/29/2015	Date of Injury:	08/07/2014
Decision Date:	11/13/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/24/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 26 year old male who sustained an industrial injury on 08-07-2014. A review of the medical records indicated that the injured worker is undergoing treatment for crushing left foot injury, bilateral hip and low back pain. According to the treating physician's progress report on 08-04-2015, the injured worker continues to experience left lower extremity, back and right hip pain. The injured worker describes the pain as moderate and unchanged and improves with ice and elevation. There were no pain levels specific to the lower back and pelvis. Evaluation noted a painful gait with motor strength, sensation and pulses intact from L3-S1. There was trace edema of the left foot. On 08-13-2015 a progress report noted bilateral hip, lower back and thoracic pain. Prior treatments were focused around the foot injury including 6 sessions of physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit and medications. Current medication was listed as Norco. Treatment plan consists of pain management referral, left lower extremity Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies, orthotics and the current request on 08-18-2015 for physical therapy twice a week for 4 weeks for the low back and pelvis. On 08-25-2015 the Utilization Review determined the request for physical therapy twice a week for 4weeks for the low back and pelvis was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 4wks for the low back and pelvis: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation, Chapter: Hip & Pelvis; Low Back-Lumbar & Thoracic (Acute & Chronic), Physical Therapy (PT).

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

Decision rationale: The patient presents with low back and bilateral hip pain. The current request is for 8 sessions of physical therapy for the low back and pelvis. The treating physician requests on 8/13/15 (60B) physical therapy 2 times a week for 4 weeks for the lumbar spine and pelvis. This PR-2 notes that 6 visits of PT have been completed, prior PT requests were for the left foot. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." For myalgia and neuritis type conditions, 8-10 sessions of physical therapy are recommended. It appears that the patient had 6 sessions of therapy previously for the left foot. The current request for 8 sessions is for the patient's low back and hip problems. Given the lack of documentation of any recent therapy for the patient's low back and hip, the current request is medically necessary.