

Case Number:	CM15-0189694		
Date Assigned:	10/01/2015	Date of Injury:	07/21/1998
Decision Date:	11/16/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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 65 year old female, who sustained an industrial injury on 07-21-1998. She has reported injury to the low back, right hip, and bilateral knees. The diagnoses have included lumbago; status post lumbar fusion; lumbar post-laminectomy syndrome; sacroiliitis; knee osteoarthritis; status post right total knee arthroplasty; and status post multiple arthroscopies of left knee. Treatment to date has included medications, diagnostics, sacroiliac joint injection; caudal epidural steroid injection at L5, physical therapy, and surgical intervention. Medications have included Tylenol with Codeine, Dilaudid, Fentanyl patch, Flexeril, and Soma. A progress report from the treating provider, dated 07-29-2015, documented an evaluation with the injured worker. The injured worker reported 80-90% improvement with her recent caudal epidural steroid injection; her groin discomfort is completely resolved; her low back and leg pain is significantly improved; she reports only intermittent discomfort at this time; and she was careful to rest after her injection and feels this helped with her improvement. Objective findings included lumbar paraspinal tenderness; painful motion and stability; active range of motion of the lumbar spine is painful; there is pain to palpation extensively over the lumbar intervertebral disc space at approximately L3 to the sacrum, worse with range of motion in any direction; and the pain radiates in the bilateral paraspinal muscles. The treatment plan has included the request for physical therapy for the lumbar (12 sessions). The original utilization review, dated 08-26-2015, non-certified the request for physical therapy for the lumbar (12 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The patient presents with painful active range of motion of the lumbar spine. The current request is for physical therapy for the lumbar (12 sessions). The treating physician states, in a report dated 07/29/15, PT lumbar spine 12 sessions. (31B) the patient is status post lumbar spine fusion surgery 11 months ago outside the range of MTUS-PSTG. The MTUS guidelines allow 8-10 therapy visits. In this case, the treating physician, based on the records available for review, has failed to show why 12 sessions of PT are required, when the guidelines recommend no more than 10 sessions. The current request is not medically necessary.