

Case Number:	CM15-0190361		
Date Assigned:	10/02/2015	Date of Injury:	01/01/1998
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/28/2015

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: Arizona, 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 69 year old male, who sustained an industrial injury on 1-1-1998. The medical records submitted for this review did not include documentation of the initial injury or prior treatments to date. Diagnoses include lumbar spine strain-sprain, thoracic sprain-strain, cervical sprain-strain, thoracic disc displacement without myelopathy, lumbar disc displacement without myelopathy, and rotator cuff tendinitis. Currently, he complained of ongoing pain in the neck, upper back, lower back, and bilateral knees. Current medication documented included Tramadol and Celebrex. On 7-7-15, the physical examination documented cervical tenderness with decreased range of motion, muscle guarding and spasms. The shoulders demonstrated bilaterally positive drop arm test, Apley's scratch test and impingement tests. The thoracic spine was tender with muscle guarding and spasms noted. The lumbar spine muscles and facet joints were tender with spasms, guarding, and spasms radiating to bilateral lower extremities. The plan of care included physical therapy and medication management. The appeal requested authorization of twelve (12) physical therapy sessions for the lumbar spine. The Utilization Review dated 9-1-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Integrated treatment/Disability Duration Guidelines, Low Back, Lumbar and Thoracic (Acute and Chronic), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant had the injury 17 years ago and there is no documentation of the amount of therapy previously completed. Consequently, the 12 sessions of therapy are not medically necessary.