

Case Number:	CM15-0198408		
Date Assigned:	10/13/2015	Date of Injury:	10/06/2008
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/08/2015

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: Preventive Medicine, Occupational 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:

This injured worker is a 50 year old female who reported an industrial injury on 10-6-2008. Her diagnoses, and or impressions, were noted to include: chronic pain syndrome; myofascial pain syndrome; trochanteric bursitis; sacroiliac ligament sprain-strain with left sacroiliac lumbar radiculopathy; myofascial pain syndrome; low back pain; sprain-strain of foot; as well as long-term use of medications and adjustment disorder with mixed anxiety and depressed mood. No imaging studies were noted. Her treatments were noted to include: multiple lumbar epidural steroid injections; use of a sacroiliac joint belt; 6 acupuncture sessions; chiropractic treatment; 6 pain management counseling sessions; 6 certified physical therapy sessions; and medication management . The progress notes of 3-31-2015 reported: a follow-up visit; that her medication was significantly effective with reducing her left leg her neuropathic pain, to a 5 out of 10 from a 10 out of 10; right knee pain from compensating for her left leg pain, and that she wore a right knee brace during the day but intermittently needed Lidoderm patches on her right knee to sleep; that she wore her sacroiliac brace almost daily to help her with her back pain; and that she wanted to get back to work and was working with her employer to figure out her restrictions. The objective findings were noted to include: an antalgic gait; tenderness to the right knee fibular head, ilio-tibial band, and lateral and medial joint lines; and positive right knee McMurray's test. The physician's requests for treatment were noted to include physical therapy for the right knee. The Request for Authorization, dated 4-8-2015, was noted to include physical therapy, with no body part stated. The Utilization Review of 9-30-2015 non-certified the request for physical

therapy for the lumbar spine. No medical records provided noted a request for physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the request for lumbar physical therapy does not include frequency of duration of physical therapy requested. Without this information the request is not supported. The request for physical therapy lumbar is determined to not be medically necessary.