

Case Number:	CM15-0199288		
Date Assigned:	10/14/2015	Date of Injury:	11/02/2013
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 40 year old female, who sustained an industrial injury on 11-2-13. The injured worker was diagnosed as having lumbar radiculopathy; left knee internal derangement; left ankle foot injury, improved; lumbago. Treatment to date has included status post left knee debridement and lateral release surgeries (5-8-14); physical therapy; medications. Diagnostics studies included MRI lumbar spine. Currently, the PR-2 notes dated 8-13-15, the provider documents the injured worker "rates her pain with medications as 6 on a scale of 1 to 10. Patient rates her pain without medications as 8 on a scale of 1 to 10. No new problems or side-effects. Quality of sleep is poor. Activity level has remained the same." Current medications are listed by the provider as: Celebrex 200mg, Percocet 5-325mg 1 twice daily as needed; Doxycycline Hyclate 100mg 1 twice a day and Piroxicam 20mg once daily. On physical examination, the provider documents "appears depressed, in mild-to-moderate pain and tearful. She has a left-sided push off antalgic gait: has slowed gait, has an unsteady gait. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band and trigger point of the lumbar spine exam is noted on both sides (radiating pain on palpation). Left knee notes tenderness to palpation is noted over the medial joint line. There is 1+ effusion in the left knee joint. McMurray's test is positive. Ankle: left tenderness is noted over the deltoid ligament. Strength is 5 out of 5 in all major muscles groups. Sensation is intact to light touch and pinprick. Reflexes are equal and symmetrical bilaterally in the upper and lower extremities. Babinski is negative. Romberg's is negative. Finger-to-nose coordination is within normal limits. Gait without ataxia. Waddell's is negative." The provider notes the injured worker has had 16 sessions of physical

therapy from 2-2014 to 9-2014 which provided no significant pain relief. She has undergone left knee debridement and lateral release surgeries on 5-8-14 and it provided only minimal to mild relief of pain. He also mentions an EMG done on 4-8-15 and per report L5 radiculopathy was found. He is requesting physical therapy to address her continued restricted range of motion, pain and loss of function. A Request for Authorization is dated 10-9-15. A Utilization Review letter is dated 9-30-15 and non-certification for Physical therapy, lumbar spine, 2 times weekly for 3 weeks, 6 sessions. A request for authorization has been received for Physical therapy, lumbar spine, 2 times weekly for 3 weeks, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine, 2 times weekly for 3 weeks, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy lumbar spine two times per week times three weeks, six sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is lumbar radiculopathy. Date of injury is November 2, 2013. Request for authorization is September 16, 2015. According to a September 10, 2015 progress note, lumbar spine is now an accepted body part. The treating provider is requesting a trial of physical therapy. The documentation indicates the injured worker received prior aquatic therapy. It is unclear whether previous aquatic therapy was designated solely to the knee (without treatment of the lumbar spine). Subjectively, the case was discussed with the nurse manager. There are no subjective low back complaints. Objectively, there is no physical examination of the lumbar spine. Although a six visit clinical trial of physical therapy to the lumbar spine may be clinically indicated, in the absence of subjective and objective clinical findings, physical therapy is not clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no subjective or objective lumbar spine findings in the medical record documentation, physical therapy lumbar spine two times per week times three weeks, six sessions is not medically necessary.