

Case Number:	CM15-0200504		
Date Assigned:	10/15/2015	Date of Injury:	07/06/2007
Decision Date:	11/25/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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: 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 61 year old male who sustained an industrial injury on 7-6-07. The injured worker reported pain in bilateral lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for fracture of wrist, ankle, tibia and fibula. Medical records dated 8-18-15 indicate "constant moderate pain" additionally noting the recent completion of 4 physical therapy sessions stating they were "very beneficial". Provider documentation dated 8-18-15 noted the work status as permanently disabled. Treatment has included physical therapy, Percocet since at least April of 2015. Objective findings dated 8-18-15 were notable for antalgic gait, ambulating with a straight cane, tenderness noted to L4, right ankle and leg. The original utilization review (9-18-15) partially approved a request for extension 6 visits of 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:

Extension 6 visits of physical therapy for the lumbar spine: 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 current request is for EXTENSION 6 VISITS OF PHYSICAL THERAPY FOR THE LUMBAR SPINE. Treatment history include physical therapy, hot/cold packs and medications. The patient is permanently disabled. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "recommended as indicated below. Allow for fading of treatment frequency, from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." On 06/25/15, the patient reported constant moderate lower back pain, and the treater recommended 8 PT sessions. The UR modified the certification for 4 sessions as the patient had prior course of physical therapy. The patient completed the 4 treatments on 08/17/15, with improvement in pain. The PT progress notes state that the patient has met 50% of goals, and additional 6 sessions were requested. The patient has had an undisclosed number of PT sessions in the course of 10 years. Most recently, he participated in 4 sessions with marked improvement. In this case, the patient has reported that prior physical therapy has helped, but there is no report of new injury, new diagnoses, or new examination findings to substantiate the request for more therapy. Furthermore, the treater has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.