

Case Number:	CM15-0201575		
Date Assigned:	10/16/2015	Date of Injury:	05/22/2009
Decision Date:	12/02/2015	UR Denial Date:	09/29/2015
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, 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:

This is a 60 year old male with a date of injury of May 22, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain and knee pain. Medical records dated July 24, 2015 indicate that the injured worker complained of lower back pain rated at a level of 4 out of 10. A progress note dated September 21, 2015 documented complaints of lower back pain and bilateral knee pain rated at a level of 2 out of 10 at its best, and currently 5 out of 10. The physical exam dated July 24, 2015 reveals mild to moderate difficulty transitioning from seated to standing position and to the exam table, tenderness to palpation of the lumbar paraspinal muscles and sacroiliac joints, decreased range of motion of the lumbar spine, positive straight leg raise on the left, and an antalgic gait. The progress note dated September 21, 2015 documented a physical examination that showed mild to moderate difficulty transitioning from seated to standing position and to the exam table, and positive straight leg raise on the left. Treatment has included medications (Norco, Prilosec, and Neurontin), physical therapy for the knees, and back bracing. The original utilization review (September 29, 2015) non-certified a request for twelve sessions of physical therapy for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 6 weeks to the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The medical records indicate the patient has ongoing complaints of low back and bilateral knee pain. The current request for consideration is Physical therapy 2x a week for 6 weeks to the low back. The 9/22/15 RFA requests physical therapy. The 9/21/15 progress report does not discuss physical therapy. The CA MTUS does recommend physical therapy for low back pain at a decreasing frequency with a transition into independent home-based exercise. The CA MTUS guidelines recommends for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the current request of 12 physical therapy sessions exceeds the 9-10 sessions that MTUS recommends. The attending physician offers no justification for exceeding guideline recommendations. As such, the current request is not medically necessary.