

Case Number:	CM15-0202405		
Date Assigned:	10/19/2015	Date of Injury:	06/27/2008
Decision Date:	12/02/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old female, who sustained an industrial-work injury on 6-27-08. She reported initial complaints of low back and leg pain. The injured worker was diagnosed as having chronic lumbar spine sprain-strain, lumbar spondylosis, and chronic right ankle pain. Treatment to date has included medication, sympathetic block, foot injections, 40 physical therapy sessions, and diagnostics. MRI results were reported on 6-1-15 that noted multi-level disc disease L4-5 and L5-S1. Currently, the injured worker complains of increased low back pain described as constant, sharp, stabbing, and throbbing. It is rated 6 out of 10 at rest and 10 with activity. Meds include Ibuprofen and Prilosec. Per the primary physician's progress report (PR-2) on 6-9-15, exam noted an antalgic gait favoring the right extremity, tenderness to palpation to the lumbar spine, restricted range of motion, ankle has tenderness at the anterior and lateral ankle with loss of range of motion, and normal sensation. Current plan of care includes physical therapy. The Request for Authorization requested service to include Physical therapy for the lumbar spine 8 visits over 4 weeks. The Utilization Review on 9-18-15 denied the request for Physical therapy for the lumbar spine 8 visits over 4 weeks, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine 8 visits over 4 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in June 2008 with injury to the right lower extremity underwent arthroscopic right ankle surgery with debridement and lateral collateral ligament repair in August 2011. She continues to be treated for chronic right lower extremity pain and secondary low back pain. In November 2014 she completed 9 physical therapy treatments. When seen, she was having increased low back and right knee pain rated at 6-10/10. She was having numbness, tingling, and weakness in her feet. Physical examination findings included lumbar tenderness with decreased range of motion. There was decreased right knee extension and right ankle strength at 4/5. There was right first metatarsal phalangeal joint tenderness. Authorization for 8 sessions of physical therapy for the lumbar spine was requested, noting prior physical therapy for the lumbar spine more than 8 months before. The claimant is being treated for chronic pain with no new injury and has already had physical therapy for the same condition within the past 12 months. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.