MAXIMUS Federal Services

Case Number:	CM15-0203181		
Date Assigned:	10/19/2015	Date of Injury:	08/06/2015
Decision Date:	12/08/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/14/2015

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: Pennsylvania, Ohio, 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:

This 50 year old female sustained an industrial injury on 8-6-15. Documentation indicated that the injured worker was receiving treatment for a left ankle sprain and strain, buttock contusion, right knee contusion, lumbar sprain and strain and thoracic sprain and strain. Previous treatment included physical therapy (12 sessions) and medications. In a PR-2 dated 8-31-15, the injured worker reported having "decreased" right low back pain with radiation to the hip, rated 5 out of 10 on the visual analog scale, "decreased" right upper back tightness, "no" right anterior knee pain and "no" left ankle or foot pain. Physical exam was remarkable for lumbar spine with normal posture, "decreased" spasms of the "right" lumbar paraspinals and iliac crest, "limited" range of motion, 5 out of 5 lower extremity strength, intact sensation throughout bilateral lower extremities and negative bilateral straight leg raise, right knee without tenderness to palpation or bruising and full range of motion and left ankle without tenderness to palpation and full range of motion. The physician noted that the injured worker could work full duty. The treatment plan included requesting six additional sessions of physical therapy and a prescription for Motrin. In a PR-2 dated 9-21-15, the injured worker reported "decreased" and intermittent right mid and low back pain rated 0 to 5 out of 10, with "decreased" radiation to the him, "no" right knee pain and "no" left ankle pain. The physician noted that he demonstrated hamstring, calf and ankle stretches for home exercise during the office visit. Physical exam was unchanged. The treatment plan included requesting six additional sessions of physical therapy for the lumbar spine, right knee and left ankle. On 9-28-15, Utilization Review noncertified a request for additional physical therapy twice a week for three weeks for the lumbar spine, right knee and left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 3 weeks to lumbar, right knee and left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.