

Case Number:	CM15-0203557		
Date Assigned:	10/20/2015	Date of Injury:	08/24/2012
Decision Date:	12/01/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/16/2015

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:

This is a 61 year old male with a date of injury on 8-24-12. A review of the medical record indicates that the injured worker is undergoing treatment for right knee and lower back pain. Progress report dated 9-29-15 reports continued complaints of ongoing lower back pain and right knee pain. The injured worker reports 50 percent reduction in pain after physical therapy several months back but when it ended the pain returned. He reports the right knee pain is doing better and the pain is now intermittent after 24 sessions of physical therapy, he has full range of motion. Medications include anti-inflammatory, pain medication and something for spasms. Objective findings: tenderness along the lumbar para-spinal muscles, lumbar range of motion is decreased, pain along the facets and pain with facet loading and mild tenderness along the joint line with no swelling. MRI lumbar spine revealed discogenic condition and facet changes. Request for authorization was made for 12 additional session of physical therapy for the lumbar spine. Utilization review dated 10-8-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional sessions 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 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, 12 additional physical therapy sessions to the lumbar spine are 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are discogenic lumbar condition MRI showing this disease from L3-S1 with foraminal narrowing on the left L4-L5 with facet changes; internal derangement right knee; chronic pain with 60 pound weight loss. Date of injury is August 24, 2012. Request for authorization is October 1, 2015. According to a September 29, 2015 progress note, subjective complaints include low back pain and right knee pain. Physical therapy in the past resulted in a 50% reduction in pain. Symptoms have returned since stopping physical therapy. Objectively, there is tenderness to palpation lumbar spine with decreased range of motion. The documentation shows the injured worker received, at a minimum, 16 physical therapy sessions to the lumbar spine. There are no physical therapy progress notes. The documentation does not demonstrate objective functional improvement. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated. After 16 physical therapy sessions, the injured worker should be well-versed in performing the exercises to engage in a home exercise program. Based on clinical information medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement (from the 16 prior physical therapy sessions), and no compelling clinical facts indicating additional physical therapy is clinically warranted, 12 additional physical therapy sessions to the lumbar spine are not medically necessary.