

Case Number:	CM15-0205045		
Date Assigned:	10/21/2015	Date of Injury:	12/18/2014
Decision Date:	12/08/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/19/2015

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: Emergency 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:

The injured worker is a 49 year old female, who sustained an industrial injury on December 18, 2014. The injured worker was diagnosed as having contusion of the buttock, lumbar nerve root injury, and contusion of the hip. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, chiropractic therapy, home exercise program, epidural steroid injection, use of heat and ice, and status post lumbar five to sacral one lumbar fusion in 2003. In a progress note dated September 01, 2015 the treating physician reports complaints of aching pain to the right shoulder, back, and right buttock. Examination performed on September 01, 2015 was revealing for pain with range of motion to the cervical spine, pain to the right cervical paraspinal muscles and the right trapezius muscles, pain to the right thoracic paraspinal muscles, pain with range of motion to the lumbar spine, decreased pain to the right lumbar paraspinal muscles, pain with range of motion to the lumbar spine, and tenderness to the right sacroiliac joint. The injured worker's pain level on September 01, 2015 was rated a 3 out of 10. The progress note from September 01, 2015 noted that the injured worker complete at least six sessions of chiropractic therapy as of April 15, 2015, noting that the lower back was 40 to 50% of "normal", the shoulder was 90% of "normal", and the head and neck was 100% of "normal", but the records provided did not indicate prior physical therapy performed. The progress note from September 01, 2015 noted an epidural steroid injection performed on July 06, 2015 that decreased the injured worker's pain level from 7 out of 10 to a 2 to 3 out of 10 and had a return of pain as of July 31, 2015. On September 01, 2015 the treating physician requested physical therapy twice a week times three weeks and post injection

manipulation and mobilization with progression of independent home exercise program for mobilization and stabilization. On December 18, 2014 the Utilization Review determined the request for physical therapy twice a week times three weeks and post injection manipulation and mobilization with progression of independent home exercise program to be non-authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Twice a week X 3 Weeks: 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: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior PT sessions (Total number was not documented but at least 12 sessions were reported) was completed and had reported no improvement. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions or home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Maximum number of PT sessions recommended by guideline is 10 sessions which has already been exceeded. Additional 6 physical therapy sessions are not medically necessary.

Post Injection Manipulation And Mobilization With Progression Of Independent HEP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: As per MTUS Chronic pain guidelines, manipulation may be considered for acute injuries. Patient has reportedly undergone chiropractic in the past with no documented benefit. This is an incomplete request with no total number of sessions requested or what body part is being treated. Lack of documentation concerning prior treatment and incomplete request fails to support this request. Not medically necessary.