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| Case Number: | CM15-0208197 | | |
| Date Assigned: | 10/27/2015 | Date of Injury: | 10/11/2013 |
| Decision Date: | 12/08/2015 | UR Denial Date: | 10/08/2015 |
| Priority: | Standard | Application Received: | 10/22/2015 |

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:

The injured worker is a 41 year old male, who sustained an industrial injury on 10-11-2013. The medical records indicate that the injured worker is undergoing treatment for lumbar sprain-strain versus lumbar disc disease. According to the progress report dated 9-29-2015, there were no subjective complaints of low back symptoms noted. The physical examination of the lumbar spine reveals approximately 60% range of motion. The medications prescribed are Gabapentin, Naproxen, and Voltaren. Previous diagnostic studies include MRI of the lumbar spine (12-22-2014). The treating physician described the MRI as "annular tear at left L1-2, right L4-5, and right L5-S1. Treatments to date include medication management. Work status is described as temporarily totally disabled. The original utilization review (10-7-2015) partially approved a request for 6 physical therapy sessions to the low back (original request was for #8).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions, low back: 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, physical therapy 8 sessions for the low back is 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 left knee arthropathy/PCL tear August 22, 2014; and lumbar strain/sprain versus lumbar disc disease. Date of injury is October 11, 2013. Request for authorization is September 30, 2015. The medical record contains 29 pages. Subjective complaints reference the left knee only. The injured worker presents for follow-up of left knee with ongoing pain. Injured worker's status post left knee arthroscopy August 22, 2014. The injured worker received 8 left knee physical therapy sessions. There are no subjective complaints of low back. Objectively, range of motion lumbar spine is 60%. An MRI was performed in 2014 that showed an annular tear at L1-L2, right L4-L5 and L5-S1. There are no lumbar spine physical therapy progress notes in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no subjective complaints of low back pain in the medical record progress note, no documentation of prior physical therapy to the lumbar spine, and no documentation of a six visit clinical trial, physical therapy 8 sessions for the low back is not medically necessary.