

Case Number:	CM15-0023095		
Date Assigned:	02/12/2015	Date of Injury:	10/17/2011
Decision Date:	03/26/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/06/2015

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 49 year old female, who sustained an industrial injury on 10/17/2011. The current diagnoses are lumbar radiculopathy, bilateral knee joint pain, and right ankle joint pain. Currently, the injured worker complains of constant pain in low back. The pain is rated 6/10 on a subjective pain scale. Additionally, she reports right ankle pain with associated numbness and tingling in her right foot and ankle and bilateral knee joint pain, left greater than right. Treatment to date has included medications, work restrictions, and physical therapy. The treating physician is requesting physical therapy to the lumbar spine, left knee, and right ankle, which is now under review. On 1/22/2015, Utilization Review had non-certified a request for physical therapy to the lumbar spine, left knee, and right ankle. The California MTUS Chronic Pain, ACOEM, and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 lumbar, left knee and right ankle: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6, page 113-114 and Official Disability Guidelines (ODG)

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

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for and continues to be treated for chronic low back pain. Prior treatment has included physical therapy. 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 sessions requested is within guidelines recommendations and therefore medically necessary.