

Case Number:	CM15-0027828		
Date Assigned:	02/20/2015	Date of Injury:	05/23/2014
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/13/2015

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, Hawaii

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:

The injured worker is a 43 year old male, who sustained an industrial injury on 5/23/14. He has reported slipping and falling and hurting his right knee and back. The diagnoses have included lumbosacral disc protrusion, right elbow contusion and right shoulder strain/sprain. Treatment to date has included medications, ice, lumbar epidural steroid injection, conservative measures, acupuncture and physical therapy. Currently, the injured worker complains of low back pain radiating to right leg with numbness and tingling right leg all the way down to the foot. He also complains of headaches and difficulty sleeping. He states that medications and rest decrease the symptoms. The injured worker has completed physical therapy sessions which he reported have helped to decrease the symptoms. The nerve studies dated 12/3/14 were consistent with chronic right radiculopathy. There were no physical exam findings documented. There was documented therapy sessions noted. Work status was modified. On 1/27/15 Utilization Review non-certified a request for Physical Therapy 2 times a week for 4 weeks, noting that the documentation provided had no information describing signs of specific signs of objective functional improvement as a result of the previous 12 sessions of physical therapy completed. The request was not medically necessary. The (MTUS) Medical Treatment Utilization Schedule 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 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain affecting the low back with radiation down the right lower extremity. The current request is for Physical Therapy 2 times a week for 4 weeks. The treating physician report dated 1/7/15 provides no rationale for the current request. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. Medical reports provided, show the patient has received at least 12 previous sessions of physical therapy. In this case, the patient has received 12 visits of physical therapy to date and the current request of an additional 8 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, 12 sessions of physical therapy should have allowed the patient to establish a home exercise program. There was no rationale provided by the physician as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is for denial.