

Case Number:	CM15-0029473		
Date Assigned:	02/23/2015	Date of Injury:	11/25/2009
Decision Date:	04/10/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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 56 year old female, who sustained a work/ industrial injury on 11/29/09. She has reported symptoms of pain to back and left knee. Mechanism of injury was not documented. Prior medical history includes labile hypertension and diabetes mellitus, type II. The diagnoses have included lumbago and knee pain. Treatments to date included topical and oral medication. Medications included Oxycodone and Flurbiprofen-Capsaicin topical cream. Physical exam noted left lower extremity to have tender knee joint and positive McMurray's test, decreased flexion and pain with flexion. The right lower extremity was also tender at joint line and positive McMurray's test. The lumbar spine was tender at facet joint, decrease in flexion, decreased extension and lateral bending. A request was made for physical therapy. On 1/22/15, Utilization Review non-certified Physical therapy 3 x 4 for the lumbar spine, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain Medical Treatment Guidelines: Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program. The injury date is remote and there is no comprehensive summary of PT to date. In light of the above issues, the currently requested additional physical therapy is not medically necessary.