MAXIMUS Federal Services

Case Number:	CM15-0211243		
Date Assigned:	10/30/2015	Date of Injury:	03/04/2001
Decision Date:	12/11/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/27/2015

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 69 year old female with an industrial injury date of 03-04-2001. Medical record review indicates she is being treated for cervical disc degeneration, post laminectomy syndrome, unilateral primary osteoarthritis - knee, tear of medial and lateral meniscus - knee and carpal tunnel syndrome. Subjective complaints (10-13-2015) included low back pain radiating from the low back to both feet. The pain was rated as 6-7 out of 10, "now 10 out of 10." The treating physician indicated the injured worker could not lift, squat, carry, push or bend. "She is unable to walk, sit crawl run or jump." “She is unable to perform repetitive climbing or repetitive motion.” Work status is documented as retired. Current (10-13-2015) medications included Menthoderm ointment, LenzaGel, Naproxen, Medi-Patch-Lidocaine and Terocin. Prior treatments included use of a cane, knee brace, physical therapy, home rehabilitation, massage, acupuncture, psychotherapy and medications. The number of prior physical therapy visits is not indicated. Objective findings (10-13-2015) included antalgic, ataxic and staggering gait. Tenderness, stiffness, soreness and pain were noted on spinal palpation. Range of motion of thoracolumbar spine was extension 30 degrees, flexion 90 degrees, left lateral bending 35 degrees, right lateral bending 35 degrees and left and right rotation 30 degrees. Balance is documented as unsteady. On 10-23-2015, the request for physical therapy 2-3 times 6-8 weeks for the lumbar spine was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 x 6-8 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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 2 to 3 times per week for 6 to 8 weeks to the lumbar spine 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 other cervical disc degeneration, unspecified cervical region; post laminectomy syndrome NEC; unilateral primary osteoarthritis, unspecified knee; other required deformities of unspecified foot; other tear of the medial meniscus, current injury; other tear lateral meniscus current injury; and carpal tunnel syndrome unspecified limb. Date of injury is March 4, 2001. Request authorization is October 16, 2015. According to an October 13, 2015 progress note, subjective complaints include low back pain, progressing and radiating to the feet. Pain score increased from 7/10 to 10/10. The injured worker ambulates one hour and 15 minutes. Objectively, the injured worker ambulates with an antalgic gait. Thoracic-lumbar spine motor strength is 5/5. Straight leg raising was negative. There is tenderness to spinal palpation. The documentation indicates the injured worker is 100% disabled. The documentation is conflicting whereby the injured walker ambulates one hour and 15 minutes (at one session) and is then 100% disabled and unable to take out the garbage. There are no prior physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement from prior physical therapy. The total number of physical therapy sessions is not documented. The request for physical therapy 2 to 3 times per week for 6 to 8 weeks to the lumbar spine is nonspecific. The treating provider is requesting anywhere from 12 sessions to 18 sessions. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of prior physical therapy with a date of injury dating back to March 4, 2001, no documentation demonstrating objective functional improvement, a nonspecific treatment request and no compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy 2 to 3 times per week for 6 to 8 weeks to the lumbar spine is not medically necessary.