

Case Number:	CM15-0213052		
Date Assigned:	11/02/2015	Date of Injury:	06/30/2015
Decision Date:	12/18/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/29/2015

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:

This is a 54-year-old male with a date of industrial injury 6-30-2015. The medical records indicated the injured worker (IW) was treated for right knee sprain, pain in the thoracic spine and lumbago. In the progress notes (10-13-15), the IW reported ongoing pain in the mid and low back with worse symptoms when he does not wear his back brace. He reported his right knee was improved because he was not walking as much. On examination (10-13-15 notes), right knee range of motion was full without laxity, but positive crepitus. Range of motion was limited in the back, with tenderness to palpation over the paraspinal muscles and spasm over the thoracic spine. On forward flexion, he was 12 inches from touching his toes. His exams were fairly consistent concerning his back pain since 8-25-15. Treatments included Ultracet for pain and physical therapy (at least 5 sessions for the thoracic and lumbar spine). The IW was on modified duty status. The physical therapy notes indicated his pain level decreased from 8 out of 10 on 8-20-15 down to 3 out of 10 by 9-9-15, but there was no documentation of improved function. A Request for Authorization dated 10-15-15 was received for physical therapy three times a week for three weeks for the low back. The Utilization Review on 10-22-15 modified the request for physical therapy three times a week for three weeks for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x wk/3 wks for the low back: 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, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in June 2015 when he stumbled and fell while carrying a 100 pound container. He had low back pain with lower extremity radicular symptoms. He was evaluated for physical therapy on 08/20/15. He was wearing a lumbar brace which was decreasing his symptoms. He was having constant pain rated at 8/10. On 09/09/15 he was attending the sixth treatment session. Pain was rated at 3/10. He was performing a home exercise program. When seen on 09/15/15 by the requesting provider he was having worsening bilateral knee pain. Physical therapy was helping for his back but it was slow. He was continuing to use the lumbar brace. In October 2015 his right knee had improved. He wanted more physical therapy for his back. He had worsening symptoms when not wearing the back support. Physical examination findings included full right knee range of motion with crepitus. He had limited lumbar spine range of motion. There was paraspinal tenderness and spasms. An MRI of the spine was ordered. Physical therapy was extended. In terms of physical therapy for lumbar radiculitis, guidelines recommend up to 12 treatment sessions over 8 weeks and the claimant has already had at least six treatments including instruction in a home exercise program. Patients are expected to continue active therapies and ongoing compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not considered medically necessary.