

Case Number:	CM15-0219586		
Date Assigned:	11/12/2015	Date of Injury:	09/03/2008
Decision Date:	12/29/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/09/2015

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

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 44 year old female, who sustained an industrial-work injury on 9-3-08. The injured worker was diagnosed as having pain in the lower leg, cervical degeneration of cervical disc, lumbago, lumbosacral spondylosis, disorders of the coccyx, and chronic pain syndrome. Treatment to date has included medication: Children's Tylenol, Tizanidine (Zanaflex), Voltaren gel 1%, and Opana along with physical therapy (amount not specified) with improvement. Currently, the injured worker complains of hip pain with pain on bilateral sides of legs and ongoing low back pain. Per the primary physician's progress report (PR-2) on 9-16-15, exam noted tenderness to the cervical facet tenderness, paraspinous muscle tenderness, lumbar range of motion decreased, bilateral trochanteric bursas, and depressed and anxious. Current plan of care includes additional physical therapy. The Request for Authorization requested service to include Physical Therapy to the lumbar, bilateral hips and bilateral knees. The Utilization Review on 10-5-15 denied the request for Physical Therapy to the lumbar, bilateral hips and bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the lumbar, bilateral hips and bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The 44 year old patient complains of low back pain, hip pain, and pain on both sides of the legs, as per progress report dated 09/16/15. The request is for PHYSICAL THERAPY TO THE LUMBAR, BILATERAL HIPS AND BILATERAL KNEES. There is no RFA for this case, and the patient's date of injury is 09/03/08. The patient is status post multiple back surgeries, as per progress report dated 09/16/15. Diagnoses included pain in lower leg joint, degeneration of cervical intervertebral disc, other bursitis disorders, lumbago, lumbosacral spondylosis, long-term medication use, disorders of coccyx, myalgia and myositis, thoracic or lumbosacral neuritis or radiculitis, and chronic pain syndrome. Medications include Tylenol, Tizanidine, Voltaren gel and Opana. The reports do not document the patient's work status. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, none of the reports discuss the request. As per progress report dated 09/16/15, there was some improvement with physical therapy. Given the patient's date of injury, it is reasonable to assume that the patient has had some therapy in the past. The reports and the Utilization Review denial letter do not document the number of sessions completed until now. Additionally, the reports do not document specific functional improvement due to prior therapy. Furthermore, the request does not include duration of the requested treatment and the number of sessions. MTUS only allows for 8-10 sessions of physical therapy in patients who are not within the post-operative time frame. Given the lack of relevant documentation, the request IS NOT medically necessary.