

Case Number:	CM15-0222441		
Date Assigned:	11/18/2015	Date of Injury:	05/24/2011
Decision Date:	12/31/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/12/2015

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:

This is a 71 year old male with a date of injury on 5-24-2011. A review of the medical records indicates that the injured worker is undergoing treatment for hip joint inflammation, femur fracture status post multiple surgical procedures, discogenic lumbar condition with facet inflammation, gastroesophageal reflux disease and impingement syndrome of the left shoulder. According to the progress report dated 10-27-2015, the injured worker complained of pain in the right femur, right hip, right knee, low back and left shoulder. He was retired from work. The physical exam (10-27-2015) revealed tenderness along the left shoulder, rotator cuff and biceps tendon. There was pain along the lumbar paraspinal muscles bilaterally. Treatment has included physical therapy and medication. Current medications (10-27-2015) included Oxycontin, Flexeril, Fenoprofen gel and Diclofenac. The physician noted that the injured worker had an additional 9 (nine) physical therapy sessions for back and lower extremity out of 18 that were requested. Per the physical therapy report dated 10-13-2015 (visit number 6), the injured worker reported being disappointed that he had lost strength and could not do exercises with as much weight as before. The original Utilization Review (UR) (11-6-2015) denied a request for 12 physical therapy visits for the lumbar spine and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy visits for the lumbar spine and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Knee Complaints 2004, Section(s): Diagnostic Criteria, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Knee & Leg (Acute & Chronic); Low Back - Lumbar & Thoracic (Acute & Chronic) Physical Medicine Treatment.

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

Decision rationale: The current request is for twelve (12) physical therapy visits for the lumbar spine and right knee. Treatment history include femur fracture status post multiple surgical procedures (last surgery on 09/27/13), TENS unit, injections, physical therapy, and medications. The patient has retired. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under physical medicine, 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." Per report 10/27/15, the patient presents with right femur, right hip, right knee, low back and left shoulder. The physical examination revealed tenderness along the left shoulder, rotator cuff and biceps tendon. There was pain along the lumbar paraspinal muscles bilaterally. The treater requests additional 12 physical therapy sessions to help range of motion, function and strength. The patient did feel somewhat stronger with the first round and would benefit from additional therapy for ambulation and core strengthening. In this case, the patient has reported that prior physical therapy has helped, but there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy is not medically necessary.