

Case Number:	CM15-0222587		
Date Assigned:	11/18/2015	Date of Injury:	12/31/2014
Decision Date:	12/24/2015	UR Denial Date:	10/20/2015
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, 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 female who sustained an industrial injury on December 31, 2014. The worker is being treated for: cervical strain, right knee chondromalacia patella, and ligament, muscle strain and sprain. Subjective: May 22, 2015 she reported complaint of continued, sharp, and dull aching pain. It does radiate to the neck. August 2015 noted complaint of low back pain radiating into lower extremities. Objective: May 22, 2015 noted the patient positive for: headaches, weakness, numbness, visual disturbances, bowel and bladder incontinence, IBS, heartburn. There is note tenderness over the cervical paraspinals and limited ROM by pain. The right knee noted with tenderness to palpation along the chondromalacia patella. Diagnostic: February 2015 noted MRI of cervical spine, right knee; MRI also July 20, 2015. Medication: May 22, 2015, July 2015 Tylenol and Voltaren gel note refilled this visit. August 2015 noted continue Ultracet and discontinue Celebrex. Treatment: medications, TENS, modified work duty, therapy including acupuncture and chiropractic care, rest, heat and cold application; pending orthopedic consultation. April 2015 noted "failed to progress with all of the conservative measures provided: PT (noted completing 24 treatments), acupuncture, chiropractic care" with "no alleviation of the pain and minimal progression in the patient's care." July 2015 noted administration of TPI and ligament injections treating the pain. August 2015 noted recommendation for PT twice weekly addressing cervical and lumbar spine and CESI. On October 13, 2015 a request was made for 12 sessions of PT to lumbar spine that were noncertified by Utilization Review on October 20, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 of lumbar spine: 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 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 two times per week times six weeks for 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 cervical strain, right knee chondromalacia patella, and ligament, muscle strain and sprain. Date of injury is December 31, 2014. The request for authorization receipt date is October 13, 2015. There is no request for authorization in the medical record. According to August 10, 2015 progress note, subjectively the injured worker complains of ongoing neck and low back pain. The low back pain radiates to the lateral and posterior calves. The documentation indicates the injured worker received 24 sessions of physical therapy to the lumbar spine with "some relief". Objectively, gait is guarded, range of motion lumbar spine is decreased, there is tenderness in the lumbar midline and motor function is normal. There are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement to support ongoing physical therapy. There are no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically indicated. The injured worker received 24 sessions of physical therapy and the treating provider is requesting an additional 12. Based on clinical information in the record and peer-reviewed evidence-based guidelines, physical therapy two times per week times six weeks for the lumbar spine is not medically necessary.