

Case Number:	CM15-0222738		
Date Assigned:	11/18/2015	Date of Injury:	11/02/2009
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
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 63 year old female, who sustained an industrial injury on 11-2-2009. According to physician documentation, the injured worker was diagnosed with left knee pain, lumbar spine sprain/strain with radicular complaints and lumbar spine discopathy. Subjective findings dated 8-18-2015 and 10-15-2015 were notable for continued intermittent moderate to severe low back pain with radiation down both legs and feet. Objective findings dated 7-9-2015, 8-18-2015 and 10-15-2015, were notable for increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracic-lumbar junction and over the level of (lumbar) L5-S1(sacral) facets and right greater sciatic notch. The injured worker walks with a limp, stating she needs to sit on her hands to relieve back pain. Physician notes indicate, injured worker was advised to perform home therapeutic exercises for range of motion and strengthening purposes. An MRI of the knee was performed on 2-6-2015, revealing interval development of chondromalacia patella. Treatments to date have included multiple knee surgeries, physical therapy (several sessions since at least 10-26-2010), epidural injections, Naproxen 550mg, Cyclobenzaprine 10mg, Nabumetone 750mg, and Omeprazole 20mg. The Utilization Review determination dated 10-28-2015 did not certify treatment/service requested for 8 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy: 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) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 8 sessions of physical therapy are 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar spine sprain strain with radicular complaints; and lumbar spine discopathy. Date of injury is November 2, 2009. Request for authorization is October 23, 2015. According to a July 9, 2015 progress note, the documentation indicates the injured worker was advised on therapeutic exercises for range of motion and strengthening. The location being addressed is not specified. According to an August 18, 2015 progress note, the treating provider requested physical therapy two times per week times four weeks. According to the most recent progress note dated October 15, 2015, subjective complaints include intermittent moderate to severe low back pain that radiates to the lower extremities bilaterally. Objectively, there is tenderness in the paraspinal lumbar muscles and midline at the thoraco-lumbar junction. There is no neurologic evaluation area. There is a single physical therapy progress note in the medical record. The total number of physical therapy sessions to date is not specified. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, 8 sessions of physical therapy are not medically necessary.