

Case Number:	CM15-0032944		
Date Assigned:	02/26/2015	Date of Injury:	05/13/2014
Decision Date:	04/13/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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 29 year old female who sustained an industrial injury on 5/13/14 involving her low back, bilateral knees and bilateral ankles from continuous repetitive motion. She currently complains of continuous low back pain with numbness and tingling in her bilateral lower extremities with pain intensity of 8-9/10; continuous bilateral knee pain with radiation to her ankles with knee giving out at times and pain intensity 8-9/10; frequent bilateral ankle and heel pain radiating to her calves with pain level 6-7/10. She reports difficulty in performing activities of daily living. Diagnoses include sciatic syndrome, back and right lower extremity with weakness; internal derangement, right knee with MRI proven meniscal tear with intermittent locking and fusion; musculoligamentous sprain/ strain, bilateral ankles and left knee compensatory pain. Diagnostics include x-rays of the lumbosacral spine slightly abnormal; x-ray of bilateral knees and ankles are normal; MRI right knee (5/31/14) possible bucket-handle tear; MRI right ankle (7/31/14). On 1/26/15 Utilization Review non-certified the request for physical therapy, lumbar spine citing MTUS: ACOEM: Low Back Complaints and ODG: Low Back & Thoracic: Physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for physical therapy for the lumbar spine. The patient is currently not working. For non-post-operative therapy treatments MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the patient appears to have not tried physical therapy since she was injured on 05/13/14. A short course of physical therapy may be reasonable to address the patient's low back pain and symptoms. However, the treater does not indicate how many sessions are being requested. Since MTUS recommends 9-10 sessions only for this type of condition, request without the number of sessions cannot be considered. The request IS NOT medically necessary.