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| Case Number: | CM15-0035357 | | |
| Date Assigned: | 03/03/2015 | Date of Injury: | 09/10/2013 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 02/12/2015 |
| Priority: | Standard | Application Received: | 02/25/2015 |

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 39-year-old female, who sustained an industrial injury on September 10, 2013. The diagnoses have included lumbar sprain/strain with left lower extremity radiculopathy. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of lower back pain, radiating to the left lower extremity. The Primary Treating Physician's report dated January 2, 2015, noted the lumbar spine and left SI tender, with the left gluteal slightly tender. The Provider noted the injured worker reported no benefit in the past with physical therapy. On February 12, 2015, Utilization Review non-certified additional physical therapy 2 times a week for 3 weeks, noting there was limited information submitted detailing the injured worker's response to the recently authorized physical therapy sessions, and it was noted in the records submitted that the injured worker had not had benefit from the past physical therapy. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On February 25, 2015, the injured worker submitted an application for IMR for review of additional physical therapy 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Low Back Procedure Summary, Physical Therapy Guidelines and Medical Disability Advisor by Presley Reed, MD - Obesity.

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

Decision rationale: According to the 01/21/2015 hand written progress report, this patient is 7 month status post left sacroiliac arthropathy and is outside of post-surgical time-frame and for therapy treatments. The patient presents with low back pain with persistent pain to the left lower extremity. The current request is for Additional Physical Therapy 2 times a week for 3 weeks. The Utilization Review denial letter states "the claimant was authorized to receive physical therapy 2 times a week for 3 weeks for the low back on 01/27/15." The request for authorization is on 01/21/2015. The patient's work status is "Temporary Totally Disabled until 6 weeks." For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The medical reports provided for review show no recent therapy reports and there is no discussion regarding the patient's progress. There is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The current request IS NOT medically necessary.