

Case Number:	CM15-0035854		
Date Assigned:	03/04/2015	Date of Injury:	11/04/2009
Decision Date:	04/15/2015	UR Denial Date:	01/28/2015
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 30 year old, female patient, who sustained an industrial injury on 11/04/2009. A therapy visit dated 01/02/2015 reported subjective complaint of constant, sharp, dull, numbness, tingling lumbar pains. Her problem list involved difficulty bending forward, difficulty sitting longer than 10 minutes and difficulty walking longer than 5 minutes. A request was made for 12 physical therapy visits treating the left knee and lumbar spine. On 01/26/2015, Utilization Review, non-certified the request, noting the CA MTUS, Physical Therapy was cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the left knee and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

Decision rationale: The 1/28/15 Utilization Review letter states the 12 physical therapy sessions for the left knee and lumbar spine requested on the 1/02/15 report was denied because the patient already had 5 sessions approved on 1/15/15, and there is no new clinical information. The 1/5/15 orthopedic report is in check-box format and does not provide a rationale for the PT. The UR letter states the patient had a knee surgery in February 2014, and therefore is currently not in a postsurgical physical medicine treatment timeframe. The MTUS Chronic pain guidelines apply. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. The request for 12 sessions of PT will exceed the MTUS recommendations. Therefore, the request for 12 physical therapy sessions for the left knee and lumbar spine IS NOT medically necessary.