

Case Number:	CM15-0036867		
Date Assigned:	03/05/2015	Date of Injury:	11/23/2005
Decision Date:	04/10/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/26/2015

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 (IW) is a 61 year old female, who sustained an industrial injury on 11/23/2005. The details of the initial injury were not submitted for this review. The diagnoses have included chronic low back pain, sciatica, lumbar radiculopathy, degenerative disc disease, herniated disc, degenerative joint disease, status post right total joint replacement, and status post left total knee replacement 12/2014. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, and post operative physical therapy. Currently, the IW complains of ongoing chronic back pain with radiation to right leg. She was status post right knee total knee replacement. The physical examination from 12/10/14 documented tenderness and muscle spasms in lumbosacral spine with right sided L5 radiculopathy. The plan of care was for twelve (12) physical therapy sessions for low back pain and sciatica, still pending authorization. On 2/19/2015, Utilization Review non-certified Physical Medicine Procedure (physical therapy sessions for low back and sciatica), noting the records substantiated she was already undergoing rehabilitation for left knee after total knee replacement and deferred additional physical therapy until therapy of the left knee was completed. The MTUS Guidelines were cited. On 2/26/2015, the injured worker submitted an application for IMR for review of Physical Medicine Procedure (physical therapy sessions for low back and sciatica).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Sessions for the lumbar spine, unknown amount or duration: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. 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 sessions unknown amount and duration 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic low back pain every: lumbar sciatica; lumbar radiculopathy; degenerative joint disease; status post right total knee replacement; and status post left replacement, nonindustrial. Progress notes, dated November 13, 2014 and December 10, 2014, indicate a request was submitted by the treating physician for physical therapy to the lumbar spine. In December 2014, the injured worker underwent a left total knee replacement (nonindustrial). A request for lumbar spine physical therapy (according to the physician progress note) was requested. The treating physician did not state the number of physical therapy sessions requested in the request for authorization nor was the number of physical therapy sessions requested documented in the medical record. A six visit clinical trial is indicated to see if the patient is moving in a positive direction, no direction or negative direction prior to continuing with physical therapy. There was no documentation of the number of the physical therapy sessions requested. Consequently, absent clinical documentation of a six visit clinical trial, physical therapy sessions unknown amount and duration is not medically necessary.