

Case Number:	CM15-0046277		
Date Assigned:	03/18/2015	Date of Injury:	07/12/1996
Decision Date:	04/23/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 7/12/96. The injured worker has complaints of lower back and right hip pain. The pain radiates down her left leg posteriorly to the calf and she uses a walker to prevent falls. The documentation noted that the injured worker has diabetes mellitus with neuropathy pain and that it is hard to tell at times if her pain in her feet is from her back. The diagnoses have included lumbar radiculopathy and osteoarthritis. The request for physical therapy is due to the injured workers legs have been weaker and she has very poor endurance and that in the past she had responded well to physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; two (2) times a week for eight (8) weeks: 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: Physical therapy; two (2) times a week for eight (8) weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The request exceeds this number of visits. Furthermore, the patient had a work injury in 1996. It is unclear of how many prior visits of PT the patient has had and why the patient is unable to perform an independent home exercise program at this point. The request for physical therapy is not medically necessary.