

Case Number:	CM15-0050822		
Date Assigned:	03/24/2015	Date of Injury:	01/27/2000
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained a work/ industrial injury on 1/27/00. She has reported initial symptoms of neck, hip, and back pain. The injured worker was diagnosed as having lumbar degenerative joint disease (DJD), cervical degenerative joint disease (DJD), and hip bursitis. Treatments to date included medication, surgery (right total hip arthroplasty 7/14/14), diagnostics, and physical therapy. Currently, the injured worker complains of persisting back, right hip, and neck pain. The treating physician's report (PR-2) from 2/18/ 15 indicated passive range of flexion and external rotation was painful, and somewhat limited in all planes. Back exam revealed limited range. Flexion was 20 degrees, extend 5 degrees. Palpation revealed rigidity in the lumbar trunk suggesting muscle spasm. Motor strength was 5/5. Sensation was altered with sensory loss in the right lateral calf and bottom of her foot. Deep tendon reflexes remain at 1+ at the knees and ankles. Toes are downgoing to plantar reflex bilaterally. The neck is mildly limited on all planes. Cervical compression, Valsalva, and Hoffman's signs are negative. Medications included OxyContin, Prozac, Tylenol #3, Valium, Ibuprofen, Voltaren gel, and Colace. Treatment plan included twelve sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy.

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for chronic neck, back, and hip pain. Treatments have included a right total hip replacement in July 2014 with post-operative physical therapy. Guidelines address the role of therapy after the claimant's surgery with a postsurgical physical medicine treatment period of 4 months and up to 24 physical therapy visits over 10 weeks. In this case, the claimant is more than 4 months status post surgery, and therefore the chronic pain treatment guidelines apply. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.