

Case Number:	CM15-0052293		
Date Assigned:	03/25/2015	Date of Injury:	09/10/2014
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/19/2015

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 52 year old female, who sustained an industrial injury on 09/10/2014. She has reported injury to the left hand/wrist, lower back, left hip, and bilateral lower extremities. The diagnoses have included left wrist contusion; left knee contusion; left knee discoid lateral meniscal; lumbar radiculopathy; and left hip contusion with greater trochanter bursitis. Treatment to date has included medications, diagnostics, ice, injections, and physical therapy. A progress note from the treating physician, dated 02/26/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of moderate low back pain that radiates into the left leg and hip; and pain is rated at 7/10 on the visual analog scale. Objective findings included left knee joint line tenderness on the medial aspect; mild tenderness to the left lumbosacral spine; positive straight-leg-raise; and prior injections have not helped symptoms/pain. The treatment plan has included the request for physical therapy, left hip and lower extremity, 3 times weekly for 6 weeks (18 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Left Hip and Lower Extremity, 3 times weekly for 6 weeks (18 sessions):

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in September 2014 and continues to be treated for chronic radiating low back pain. Treatments have already included physical therapy. 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. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program. Therefore, the request for Physical Therapy, Left Hip and Lower Extremity, 3 times weekly for 6 weeks (18 sessions) is not medically necessary.