

Case Number:	CM15-0057772		
Date Assigned:	04/02/2015	Date of Injury:	08/30/2010
Decision Date:	05/26/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/26/2015

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
 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 52-year-old male, who sustained an industrial injury on 08/30/2010. He has reported subsequent back and knee pain and was diagnosed with lumbar sprain/strain and compensatory right knee rule out internal derangement. Treatment to date has included oral pain medication. In a progress note dated 03/03/2015, the injured worker complained of low back pain radiating to the bilateral lower extremities and right knee pain. Objective findings were notable for restricted painful motion of the lumbar spine. A request for authorization of 18 sessions of physical therapy and follow up in 4-6 weeks was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks (18 sessions): Upheld

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

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

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for 18 SESSIONS OF PHYSICAL THERAPY. The patient returned to full duty on 03/31/15. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater does not explain why additional physical therapy is being asked for. The utilization review letter on 03/18/15 indicates that the patient has had physical therapy in the past. None of the reports specifically discusses how many sessions of therapy the patient has had or how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. The treater does not explain why the patient is unable to transition into a home program. Furthermore, the requested 18 sessions combined with some already received would exceed what is allowed per MTUS for this kind of condition. The request IS NOT medically necessary.

Follow-up in 4-6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines follow up visit Page(s): 8.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for FOLLOW UP IN 4-6 WEEKS. Per 03/31/15 progress report, the patient has had medication, physical therapy and functional capacity evaluation on 01/09/15. The patient is currently taking Ibuprofen. EMG of the lower extremity shows no acute or chronic denervation potentials. NCV of the lower extremity reveals no evidence of peripheral nerve entrapment. The patient returned to full duty on 03/31/15. Regarding follow-up visits, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. In this case, the purpose of the request is unknown. It is also unclear if the request is for the patient to see a specialist or, if it is for visiting the primary treater for managing patient's pain issues, which would be reasonable. ACOEM guidelines, chapter 12, Low Back, page 303, discusses Follow-up Visits and states that "Patients with potentially work-related low back complaints should have follow up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." Therefore, the request IS medically necessary.