

Case Number:	CM15-0081853		
Date Assigned:	05/04/2015	Date of Injury:	03/05/2012
Decision Date:	06/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/28/2015

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 56-year-old male, who sustained an industrial injury on 3/5/12. The injured worker was diagnosed as having intervertebral disc disorder with cervical myelopathy, displaced cervical intervertebral disc, spinal stenosis in cervical region and spinal stenosis of lumbar region without claudication. Treatment to date has included total knee replacement, cervical laminoplasty, lumbar decompression and microdiscectomy, physical therapy, aqua therapy, oral medications including opioids and activity restrictions. Currently, the injured worker complains of pain in neck with radiation to both shoulders and arms and low back pain with radiation to both hip and buttock and down left posterior leg to foot, as well as right knee pain; pain is rated 4-5/10. Physical exam noted tenderness to entire spine with limited range of motion. The treatment plan included continued oral medications including Percocet, Robaxin and Naproxen and aquatic exercise. A request for authorization was submitted for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (Pool and Land Based Therapy) 2 x 4 weeks- Neck and Low Back:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation ACOEM: Pain, Suffering, and Restoration of Function Chapter Stresses.

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 and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant is more than three years status post work-related injury and continues to be treated for chronic pain including chronic radiating low back pain and right knee pain. Surgical treatment includes a right total knee replacement. When seen, pain was rated at 3-7/10. There was decreased and painful cervical and lumbar spine range of motion with tenderness. He had buttock pain with left-sided straight leg raising. The claimant BMI is over 28. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, claimant is noted to be obese and a trial of therapy to include pool therapy would be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. The number of treatments being requested is in excess of that recommended and not medically necessary.