

Case Number:	CM15-0084282		
Date Assigned:	05/06/2015	Date of Injury:	02/06/2013
Decision Date:	07/14/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 50 year old male who sustained a work related injury February 6, 2013. According to an interventional pain management physician's follow-up report, dated March 26, 2015, the injured worker presented with complaints of pain in the lumbar spine, left knee, left leg, and left ankle, rated 6/10. The pain is unchanged since his last visit and he also reports increased anxiety and depression. Physical examination revealed; antalgic gait on the left and heel to toe walk exacerbates his antalgic gait on the left. Lumbar spine revealed diffuse lumbar paraspinous muscle tenderness and moderate to severe facet tenderness at L3 through S1. Lower extremity examination revealed a well healed surgical scar on the left hip, moderate left knee pain over the joint line, and left ankle pain over the medial and lateral malleolus. Assessment is documented as lumbar disc disease; lumbar facet syndrome; s/p open reduction and internal fixation of the left hip; left knee sprain/strain; left ankle sprain/strain. Treatment plan included awaiting authorization for medial branch block and follow-up with physician for hip, knee, and ankle pain. At issue, is the request for authorization for physical therapy 2 x 6 to the low back, left hip, left ankle, and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 to the low back, left hip, left ankle, left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the low back, left hip, left ankle and left knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar disc disease; lumbar syndrome; status post open reduction, internal fixation left hip; left knee sprain strain; and left ankle sprain strain. The date of accident was February 6, 2013. The earliest progress note of the medical records dated December 4, 2014. The status post open reduction internal fixation and had continued low back and left hip pain. The documentation states the injured worker failed conservative treatment - physical therapy. According to the most recent progress note dated March 26, 2015 (request for authorization April 15, 2015), the injured worker had ongoing back and left knee pain that was unchanged. There were no compelling clinical facts in the medical record indicating additional physical therapy over and above the recommended guidelines was clinically indicated. There was no documentation of prior physical therapy progress notes and the total number of physical therapy sessions to date. There was no documentation of the areas treated. Consequently, absent clinical documentation with physical therapy progress notes, documentation indicating prior physical therapy failed and absent compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times six weeks to the low back, left hip, left ankle and left knee is not medically necessary.