

Case Number:	CM15-0086859		
Date Assigned:	05/11/2015	Date of Injury:	11/05/2007
Decision Date:	06/10/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/06/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 77 year old female, who sustained an industrial/work injury on 11/5/07. She reported initial complaints of pain with injury to the right knee, hands, and scratches on her face. The injured worker was diagnosed as having lumbosacral disc degeneration, cervical disc degeneration, and sprain of neck, lumbar region, and knee and leg. Treatment to date has included medication, diagnostics, physical therapy (16 sessions), and H-wave. Currently, the injured worker complains of flare up of the back pain. Per the primary physician's progress report (PR-2) on 12/15/14, the injured worker had pain and impaired ability to perform activities of daily living. The use of the H-wave had improved function with reduction in pain by 50%. The PR-2 from 10/15/14 reported pain with prolonged sitting, standing, walking with pain being reported to the neck and back with tenderness in the cervical, thoracic, lumbar paraspinals, gluteal, deep hip rotator regions. The requested treatments include Outpatient Physical Therapy (PT) two (2) times a week over four (4) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy (PT) two (2) times a week over four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

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

Decision rationale: This 77 year old female has complained of right knee pain, back pain, neck pain and hand pain since date of injury 11/5/2007. She has been treated with physical therapy (16 sessions) and medications. The current request is for outpatient physical therapy 2 x 4. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis, myalgia and/or radiculitis. The medical necessity for continued passive physical therapy is inadequately documented. As supported by the provided documentation, the claimant should, at this point, be able to continue active (self) home therapy. Physical therapy 2 x 4 is therefore not medically necessary.