

Case Number:	CM15-0089506		
Date Assigned:	05/13/2015	Date of Injury:	12/08/2013
Decision Date:	07/29/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	05/09/2015

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, 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 40 year old male, who sustained an industrial injury on 12/8/2013. He reported left knee pain and back pain after falling. Diagnoses have included low back pain, lumbar degenerative disc disease, lumbar radiculopathy and spinal canal stenosis. Treatment to date has included physical therapy, acupuncture and medication. According to the progress report dated 4/1/2015, the injured worker complained of low back pain rated 7/10 radiating to the right hip and left lower extremity. The pain was associated with numbness and tingling in the left lower extremity. He complained of feeling depressed and reported that psychotherapy was helping. He was taking Tylenol for pain. The injured worker had an antalgic gait and was using a walker for ambulation. Physical exam revealed dysesthesia to light touch in the left lower extremity. Limited mobility was noted in the lumbar spine. Authorization was requested for physical therapy twice a week for six weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x wk x 6 wks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines Page(s): 99. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG), Low back regarding Physical therapy, Physical medicine guidelines.

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

Decision rationale: With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. For myalgia, radiculitis or neuritis, up to 10 visits of formal PT is the recommendation by the Chronic Pain Medical Treatment Guidelines. In the case of injured worker, the date of injury is remote and the patient has undergone 15 sessions of PT according to the claims administrator. At this juncture, the patient should be appropriately transitioned to a home exercise program per guidelines. If there were any need for therapy, it should be a short course, rather than another 12 sessions which would essentially constitute another full course of PT. Therefore additional physical therapy as originally requested is not medically necessary.