

Case Number:	CM15-0241796		
Date Assigned:	12/18/2015	Date of Injury:	10/16/2012
Decision Date:	01/27/2016	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	12/11/2015

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 25 year old male who sustained an industrial injury on 10-16-12. The injured worker was being treated for S1 radiculopathy and severe deconditioning. On 10-14-15 and 11-4-15, the injured worker complains of constant, sharp low back pain rated 7-8 out of 10 and improved with medication and bilateral dull, constant knee pain rated 3 out of 10 improved with medication. Work status is noted to be modified duty. Physical exam performed on 10-14-15 and 11-4-15 revealed diminished sensation in left leg and pain to palpation along the lumbar paraspinal muscles. Treatment to date has included oral medications including Omeprazole, Anaprox, Cymbalta, Colace and Detrol, topical Butrans patch and Thermacare patch, 12 aqua therapy visits, 8 physical therapy visits (it is noted by the physician the injured worker experienced 30-50% improvement in pain for 3 days with physical therapy), trigger point injection, and activity modification. Documentation of physical therapy visits was not submitted for review. On 11-4-15 request for authorization was submitted for physical therapy 2 times a week for 3 weeks, Butrans patch 10mcg #4, and Omeprazole 10mg #100. On 11-11-15 request for physical therapy 2 times a week for 3 weeks was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The 25 year old patient complains of low back pain, rated at 7-8/10, radiating to the left foot, and bilateral knee pain, rated at 3/10, as per progress report dated 11/04/15. The request is for physical therapy 2 x 3 (6 sessions). The RFA for this case is dated 11/04/15, and the patient's date of injury is 10/16/12. Diagnoses, as per progress report dated 11/04/15, included S1 radiculopathy and severe de-conditioning. The patient also has severe depression. Medications included Butrans patch, Anaprox, Thermacare patch, Omeprazole, Cymbalta, and Detrol. The patient is on modified duty, as per the same progress reported 11/04/15. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, a request for 6 sessions of physical therapy is noted in progress report dated 11/04/15. In the report, the treater states the patient "has 30-50% relief of pain for 3 days and is able to do more functionally." The treater also mentions that the patient's exercises were reviewed in the clinic. A request for 6 sessions of physical therapy for bilateral knees is also noted in progress report dated 02/11/15. The patient has had physical therapy in the past, as per QME report dated 04/17/15. The Utilization Review denial letter also states that the patient has completed physical therapy. The letter also states that he was authorized for aquatic therapy but did not attend the sessions. While the patient did benefit from physical therapy in the past, the pain relief lasted for only 3 days, as per the 11/04/15 report. Additionally, it appears that the patient is doing some home exercises. The treater does not explain why the patient cannot continue to benefit from them instead of going for more therapy. Furthermore, neither the progress reports nor the Utilization Review denial letter indicate the total number of sessions completed until now. MTUS only allows for 8-10 sessions of physical therapy in non-operative cases. Given the lack of relevant documentation, the request for 6 additional sessions is not medically necessary.