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| Case Number: | CM14-0143799 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 09/13/2007 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/22/2014 |
| Priority: | Standard | Application Received: | 09/05/2014 |

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation & Pain Medicine and is licensed to practice in California and Washington. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old male who reported an injury on 09/13/2007 caused by an unspecified mechanism. The injured worker's treatment history included medications, physical therapy and weight management program. The injured worker was evaluated on 06/12/2014 and it was documented that the injured worker complained of constant low back pain to the left lower extremity with numbness and tingling rated at 4/10 to 5/10 on the pain scale. The injured worker was using a cane. The injured worker had acupuncture sessions that were not working. Objective findings: there was tenderness over the posterior superior iliac spine, left; straight leg raise in the sitting position with 70 degrees on the right and 65 degrees on the left with pain to the lower back; diminished sensation posterior thigh and left leg. Diagnoses included: musculoligamentous sprain of the lumbar spine with left lower extremity radiculitis; disc bulges at L1-2, L2-3, and L4-5; paramedial and lateral meniscus, left knee; and chondromalacia medial femoral condyle and patella, left knee; and status post arthroscopy left knee with partial medial and lateral meniscectomy. The Request for Authorization dated 08/11/2014 was for PT lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy For Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 108.

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

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker received physical therapy; however, outcome measures were not submitted for review. The provider failed to indicate long-term functional goals. The request failed to include frequency and duration. Given the above, the request for Physical Therapy For Lumbar is not medically necessary.