

Case Number:	CM14-0179092		
Date Assigned:	11/03/2014	Date of Injury:	11/01/1995
Decision Date:	12/09/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal Medicine and is licensed to practice in California. 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:

Pursuant to the progress note dated August 20, 2014, the injured worker complains of back and right leg pain described as moderate. The back/leg pain ratio is 40% back pain and 60% leg pain. The injured worker is not currently attending physical therapy (PT). The chief complaint is pain in the right hip and back, heel pain and numb toes. Objective findings revealed lumbar spine range of motion (ROM) is abnormal and limited. Lumbar paraspinous tenderness positive bilaterally, sciatic notch tenderness positive on the right, and post iliac crest tenderness positive on the right. Sensation to touch is decreased in the bilateral feet, negative straight leg raise bilaterally and hip ROM is documented as normal. The injured worker was diagnosed with post-laminectomy syndrome, peripheral neuropathy, osteoarthritis right hip, and foot drop. Plan of care includes Flexeril, Vicodin, Vitamin B-12 and folic acid levels, EMG/NCV of the lower extremities, referral for hip, and physical therapy. Current medications were not documented in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen sessions of physical therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), 18 sessions of physical therapy are not medically necessary. The guidelines state (preface to physical therapy) as time goes by, one should see an increase in the active regimen of care and the fading of treatment frequency; home programs should be initiated with the first session and must include ongoing assessments of compliance as well as upgrades to the program; 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; and when treatment duration and/or number of visits exceeds these guidelines, exceptional factors should be noted. In this case, the injured worker requested 18 sessions of physical therapy. There are no compelling clinical facts warranting 18 sessions (exceeding six physical therapy visits recommended by the guidelines). The injured worker has pain located in the neck, back, right leg and his symptoms have remained unchanged. Consequently, the number of physical therapy sessions exceeds those recommended by the ODG. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, 18 sessions of physical therapy are not medically necessary.

Referral for hip: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office Visits

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), referral for the hip is not medically necessary. Office visits are recommended as determined to be medically necessary. They play a critical role in the proper diagnosis and return the function of an injured worker and should be encouraged. The need for a clinical office visit is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, page 25 provides a request for authorization for medical treatment. The diagnoses are post-laminectomy syndrome, radiculitis and osteoarthritis (page 25 of the record). On page 28 of the medical record, the physical examination indicates the hip range of motion and specifically notes "without pain". There is no documentation with an indication for the referral and for what purpose. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, referral for the hip is not medically necessary.