

Case Number:	CM14-0086697		
Date Assigned:	07/23/2014	Date of Injury:	11/24/2008
Decision Date:	10/14/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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 Orthopedic Surgery and is licensed to practice in Arkansas and Texas. 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 67 year old male who reported an injury on 11/24/2008 with an unknown mechanism of injury. The injured worker was diagnosed with lumbago, pain in the pelvic joint region and thigh, depressive disorder, pain in the lower leg joint, and other postsurgical status. The injured worker was treated with medications. The medical records did not indicate diagnostic studies or surgical history. On the clinical note dated 01/30/2014, that was handwritten and illegible, the injured worker complained of pain in the lumbar spine rated 1-4/10; the pain was constant and increased with usage to 4/10. The injured worker reported no pain in the left hip and right knee. The injured worker had lumbar spine flexion to 45/90 degrees, extension to 15/25 degrees, right and left lateral flexion to 15/25 degrees. The left hip and right knee had full range of motion. The medical records did not include what the injured worker was prescribed. The treatment plan was for additional physical therapy 2x6 for lumbar spine, left hip, and right knee. The rationale for the request was not indicated in the medical records provided. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 6 for lumbar spine, left hip, and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back (05/12/2014)

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

Decision rationale: The request for additional physical therapy 2x6 for lumbar spine, left hip, and right knee is not medically necessary. The injured worker is diagnosed with lumbago, pain in the pelvic joint region and thigh, depressive disorder, pain in the lower leg joint, and other postsurgical status. The injured worker complains of pain in the lumbar spine 1-4/10; the pain is noted to be constant and increases with usage to 4/10. The injured worker's range of motion in the lumbar spine is flexion at 45/90 degrees, extension at 15/25 degrees, right and left lateral flexion at 15/25 degrees. The left hip and right knee have full range of motion. The California MTUS guidelines recommend active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9-10 visits over 8 weeks. The medical records lack documentation of the number of physical therapy sessions attended, evidence of improved functional deficits, and improved pain rating from physical therapy to warrant additional sessions. Additionally, the left hip and right knee have full range of motion. As such, the request for additional physical therapy 2x6 for lumbar spine, left hip, and right knee is not medically necessary.