

Case Number:	CM14-0214390		
Date Assigned:	01/07/2015	Date of Injury:	03/20/2012
Decision Date:	02/23/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 50-year-old woman with a date of injury of March 20, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar radiculopathy; and enthesopathy of hip. Pursuant to the progress note dated November 25, 2014, the IW presents for a follow-up with reports of some improvement since last visit. She has undergone 9 visits of physical therapy, which was helping. The remaining sessions expired, so she was unable to complete them. She continues to take medication for her lower back pain and left knee complaints. She had a QME appointment January 8, 2015. Examination of the lumbar spine reveals tenderness to palpation and limited range of motion. Sitting straight leg raise test is positive. The treating physician is recommending another course of physical therapy (PT). There are no PT notes in the medical record. There was no documentation of objective functional improvement with prior PT. The current request is for physical therapy 3 times a week for 4 weeks to the bilateral wrists, bilateral shoulders, left hip, left knee and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 for the bilateral wrists, left shoulder, left hip, left knee, lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), physical therapy three times a week times four weeks for the bilateral wrists, left shoulder, left hip, left knee and lumbar spine are not medically necessary. Patients should be formally assessed after the six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are lumbar radiculopathy and enthesopathy of the hip. The injured worker received nine physical therapy sessions out of 12; however, there was no physical therapy documentation or evidence of objective functional improvement although, the injured worker did admit to "some improvement". The documentation did not contain any compelling clinical facts to warrant additional physical therapy. There were no exceptional factors noted. Consequently, absent compelling clinical documentation to support additional physical therapy and objective functional improvement with prior physical therapy, this request is not medically necessary.