

Case Number:	CM14-0059970		
Date Assigned:	07/09/2014	Date of Injury:	07/23/2012
Decision Date:	02/04/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/30/2014

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 Occupational 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:

This individual is a 54 y/o male who has developed persistent low back and right knee pain subsequent to an injury date of 7/23/12. His diagnosis includes lumbar spondylosis with neurogenic claudication, in addition there is right knee degenerative joint disease. His low back has been treated with injections and he has completed 24 sessions of physical therapy. Surgical intervention is being considered for his low back. There is no permanent neurological loss noted in the history or exam findings. Utilization review modified the request for an additional 8 sessions to approval of 2 additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times per week for four weeks for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back/Physical Therapy (PT)

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

Decision rationale: MTUS Guidelines recommend up to 10 sessions of physical therapy as generally adequate for this individual's condition. Official Disability Guidelines are consistent with this with the recommendation of up to 10 sessions for spinal stenosis. Prior physical therapy has significantly exceeded guidelines recommendations and there are no unusual circumstances to justify an exception to guidelines with a full additional 8 sessions of physical therapy. The request for physical therapy twice a week for four weeks is not medically necessary.