

Case Number:	CM15-0006217		
Date Assigned:	03/02/2015	Date of Injury:	06/22/2010
Decision Date:	07/21/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male, who sustained an industrial injury on June 22, 2010. He reported low back and hip pain. The injured worker was diagnosed as having lumbosacral sprain/strain, spondylosis of the lumbar and sacral spine, status post right hip arthroplasty and status post fall secondary to the right leg giving way resulting in a fracture to the right knee. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the right hip, conservative care, medications and activity restrictions. Currently, the injured worker complains of continued low back and right hip pain worse with sitting and activities. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 5, 2015, revealed continued pain as noted. He reported he had not had any kind of physical therapy for the last four years. Physical therapy of the lumbar spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times a week for 6 weeks, for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in June 2010 and continues to be treated for low back and right hip pain. When seen, he was having ongoing pain. He was more concerned about his hip. He had a limited sitting tolerance. He was having low back pain and stiffness especially in the morning. Physical examination findings included difficulty transitioning positions and a right-sided Trendelenburg gait. Physical therapy for the lumbar spine was requested. The claimant is being treated for chronic pain with no new injury to the lumbar spine. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. The request is not medically necessary.