

Case Number:	CM15-0012545		
Date Assigned:	01/30/2015	Date of Injury:	12/04/2002
Decision Date:	03/23/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/21/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 55 year old female, who sustained an industrial injury on December 4, 2002. She has reported lower back pain with radiculopathy, and left knee pain. The diagnoses have included osteoarthritis of the knee, sacroiliitis, lumbar spine degenerative disc disease, lumbar spine stenosis, and lumbar spine spondylosis. Treatment to date has included physical therapy, occupational therapy, bracing, spinal fusion, medications, use of a cane, and imaging studies. A progress note dated December 18, 2014 indicates a chief complaint of improved lower back pain and left knee pain. Physical examination showed no new acute findings. The treating physician is requesting physical therapy three times each week for six weeks for postoperative treatment. On December 19, 2014 Utilization Review denied the request for the physical therapy citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 Times A Week for 6 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-316, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Low back; physical therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. There is insufficient documentation as to what the functional benefits were to the prior sessions of physical therapy and what the goals are for the upcoming requested sessions. Therefore, the request for Physical Therapy 3 Times A Week for 6 Weeks is not medically necessary.