

Case Number:	CM15-0014522		
Date Assigned:	02/02/2015	Date of Injury:	09/19/2008
Decision Date:	04/14/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/26/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 45 year old female, who sustained an industrial injury on 09/19/2008. She has reported pain in the bilateral knees and back. The diagnoses have included chronic low back pain due to chronic lumbar extensor strain as well as tight knee extensors, hip flexors, and knee flexors; and bilateral knee pain. Treatment to date has included medications and physical therapy. Medications have included Tramadol ER, Naproxen and Terocin patches. A progress note from the treating physician, dated 01/02/2015, documented a follow-up visit with the injured worker. The injured worker reported continued low back injury, bilateral leg, and bilateral knee pain, which is relatively unchanged; and pain has increased with cold weather. Objective findings included tenderness across the lumbar paraspinal muscles bilaterally; and walking with the use of a cane. The treatment plan has included request for Lunesta; 12 sessions of physical therapy for core strengthening; and follow-up evaluation in four to six weeks. On 01/12/2015 Utilization Review noncertified 1 prescription of 12 Sessions of Physical Therapy Lumbago/Bilateral Lower Leg/Knees. The CA MTUS, Physical Medicine Guidelines was cited. On 01/26/2015, the injured worker submitted an application for IMR for review of a 12 Sessions of Physical Therapy Lumbago/Bilateral Lower Leg/Knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy Lumbago, Bilateral Lower Leg/Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98, 99 of 127.

Decision rationale: A review of the attached medical record indicates that the injured employee has previously participated in physical therapy for the lumbar spine and lower extremities since the stated date of injury in 2008. It is unclear if there is current participation in home exercise program. The California MTUS guidelines recommends up to 10 visits of physical therapy for these conditions. Considering the injured employee's past participation, this request for an additional 12 sessions of physical therapy is not medically necessary.