

Case Number:	CM15-0016013		
Date Assigned:	02/04/2015	Date of Injury:	08/19/2013
Decision Date:	03/27/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/28/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male patient, who sustained an industrial injury on 08/19/2013. A primary treating office visit dated 12/08/2014 reported chief complaints of lumbar spine, right shoulder, left knee and left hip pain. The pain is described as persistent in the lower back rated at a 4 or 5 out of 10. His right shoulder pain is only a 1 or 2 out of 10, occurring occasionally; especially at bedtime. The left knee pain is constant and worsening. The patient reports the pain is made better with rest and medication. He takes Motrin that offers pain relief decreased intensity of pain from a 5 down to a 1 out of 10. He is currently working regular duty. Physical examination found lumbar spine with decreased range of motion and tenderness to palpation over the paraspinal muscles; left greater than right. There was also hypertonicity at the left paraspinal. The left knee revealed one plus swelling with decreased range of motion of flexion 120 degrees and extension at 0 degrees. There was tenderness to the medial joint line. He is diagnosed with right shoulder rotator cuff tendinitis and strain; multi-level disc disease with 3mm at L4-5 and 2mm at L5-S1 with left L5 nerve root irritation per diagnostic resonance imaging on 09/20/2013; memory loss and headaches; high blood pressure; left knee strain/sprain and degenerative changes of medial and lateral meniscus. No evidence of tear and large effusion with synovitis per radiography on 09/04/2014; left hip strain/sprain, rule out internal derangement and mitral valve, tricuspid valve regurgitation with mild diastolic dysfunction. The plan of care involved requesting authorization for a short course of physical therapy; scheduling a psychological evaluation and pending urine toxicology screening. On 12/29/2014 Utilization Review non-certified the request, noting the Official Disability Guidelines, Low Back,

Lumbar/Thoracic Acute/Chronic was cited. The injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 outpatient Physical Therapy sessions for the lumbar spine, 2 sessions per week for 3 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back - Lumbar & Throacic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Based on the 12/18/14 progress report provided by treating physician, the patient presents with low back pain rated 4-5/10. The request is for 6 OUTPATIENT PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE, 2 SESSIONS PER WEEK FOR 3 WEEKS. Patient's diagnosis per Request for Authorization form dated 12/18/14 included multi-level disc disease with 3mm at L4-5 and 2mm at L5-S1 with left L5 nerve root irritation per MRI dated 09/20/2013, and the request was for Physical therapy to the left knee and lumbar spine. Per QME report dated 08/26/14, the patient was temporarily disabled since 08/19/13. Patient is working modified duty, per treater report dated 12/18/14. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 12/18/14, treater states "I would like authorization for a short course of physical therapy two times a week for three weeks to the left knee and lumbar spine." Per QME report dated 08/26/14, patient has physical therapy following lumbar epidural and lumbar surgery (2008), per treater report dated 09/19/13. There is no documentation that patient had physical therapy since 2013. The patient's work status has changed from temporary disability, per QME report dated 08/26/14 to working modified duty. Given change in work status and a while since physical therapy, the request for 6 sessions appears reasonable. Therefore, the request IS medically necessary.