

Case Number:	CM15-0112099		
Date Assigned:	06/18/2015	Date of Injury:	03/30/2011
Decision Date:	07/23/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/10/2015

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, North Carolina

Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial injury on 3/30/11. The injured worker has complaints of hip pain, back pain and knee pain. The documentation noted that the injured worker continues to have popping and catching and pain in the right hip as well as stiffness and spasm in the lower lumbar spine. She has 1+ effusion in the left knee, positive McMurray's and peripatellar tenderness and is limping. The diagnoses have included lumbosacral spondylosis without myelopathy. Treatment to date has included Agreed Medical Evaluator (AME). The request was for Physical Therapy 2 times a week for 6 weeks, lumbar spine.

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, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The CA MTUS recommendations state that physical medicine is recommended to restore function such as ROM and motor strength. Guidelines indicate no more than 10 sessions unless exceptional factors exist. In this case the documentation submitted did not provide quantitative objective findings regarding the patient's functional status of the lumbar spine. Date of injury was over 4 years ago. The request exceeds the guidelines recommendation of treatment. Therefore the request is deemed not medically necessary or appropriate.