

Case Number:	CM15-0112149		
Date Assigned:	06/18/2015	Date of Injury:	06/22/1999
Decision Date:	07/17/2015	UR Denial Date:	05/11/2015
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: 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 55-year-old male, who sustained an industrial injury on June 22, 1999. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included multilevel lumbar spinal stenosis severe and neurogenic claudication. Treatment to date has included medications, radiological studies, MRI and physical therapy. Current documentation dated March 31, 2015 notes that the injured worker reported low back pain and weakness in his lower extremities with any prolonged standing or walking. The injured worker also noted that his symptoms have significantly improved and his leg strength is better with the adjunct therapy. Examination of the lumbar spine revealed tenderness and a decreased range of motion. A straight leg raise test was negative bilaterally. The injured worker also was noted to have slight weakness with dorsiflexion on the left as compared to the right. The treating physician's plan of care included a request for physical therapy two times a week for six weeks #12 for the low back.

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 total 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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 has a remote history of a work-related injury and continues to be treated for low back pain with lower extremity weakness. He has significant multilevel lumbar spinal stenosis. When seen, there had been significant improvement in strength with physical therapy treatments. There was lumbar spine tenderness and slight left ankle dorsiflexion weakness. In this case, the claimant has already had recent physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The number of visits requested is in excess of what would be expected to finalize a home exercise program, which would likely best suit the claimant's needs. The request is not medically necessary.