

Case Number:	CM15-0116176		
Date Assigned:	07/29/2015	Date of Injury:	01/29/2003
Decision Date:	08/26/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53 year old female who sustained an industrial injury on January 29, 2003. Mechanism of injury is not documented. He has reported low back pain with radiation in both extremities and has been diagnosed with osteoarthritis of hip, localized primary osteoarthritis of pelvic region and thigh, degeneration of lumbar intervertebral disc, chronic pain, cervical radiculitis, disorder of shoulder, and osteoarthritis of the knee. Treatment has included medications and physical therapy. There was tenderness to palpation over the paraspinal muscles overlying the facet joints. There was joint tenderness noted in the knee joint of the right lower extremity. There was crepitus noted within the knee of a mild degree in the right lower extremity. The treatment plan included medications, psychiatric consultation, knee brace, injection, orthopedic consultation, physical therapy, and cognitive behavioral therapy. The treatment request included physical therapy for multiple body parts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times wkly for 4 wks, 8 sessions, for Multiple Body Parts: 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: Physical Therapy, 2 times wkly for 4 wks, 8 sessions, for multiple body parts is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that for myalgia and myositis, unspecified 9-10 visits of PT/OT over 8 weeks is recommended and for neuralgia, neuritis, and radiculitis, unspecified 8-10 weeks of therapy is recommended. The MTUS supports transitioning from supervised therapy to an independent home exercise program. The documentation indicates that the patient has had extensive physical therapy for various body parts. The documentation is not clear on why the patient is not independent in a home exercise program. There are no extenuating factors that necessitate 8 more supervised PT sessions. Furthermore, the request is not specific as to which body parts are requiring therapy. For these reasons the request for physical therapy is not medically necessary.