

Case Number:	CM15-0118035		
Date Assigned:	06/26/2015	Date of Injury:	11/28/2009
Decision Date:	07/28/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/18/2015

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: Preventive Medicine, Occupational 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 77 year old female who sustained in industrial injury on 11/28/09. She had complaints of low back pain. Progress note dated 4/16/15 reports continued complaints of pain in her right hip, groin, and low back on the right side. The worst pain is in her right hip which is constant and is rated 9/10. Treatments include pain medication, therapy, acupuncture and injections to the hip and spine. Diagnoses include chronic low back pain, bilateral foraminal stenosis with moderate central stenosis and retrolisthesis and chronic right hip joint pain with severe osteoarthritis. Treatment plan includes: try duragesic patch, authorize x-rays of the right hip, authorize right hip intraarticular injection with corticosteroids, authorize aqua therapy 3 times per week for 4 weeks, authorize housekeeping services 4 hours twice per week over the next 3 months. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week x 3 weeks for the Lumbar Spine: Overturned

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

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. There is no documentation that the injured worker has attempted physical therapy in the past. She is a good candidate for a trial of physical therapy. The request for physical therapy 2 x week x 3 weeks for the lumbar spine is determined to be medically necessary.