

Case Number:	CM15-0119264		
Date Assigned:	06/29/2015	Date of Injury:	05/07/2015
Decision Date:	07/28/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

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 57 year old female who sustained an industrial injury on 05/07/15. Initial complaints include bilateral knee, left ankle and left side pain. Initial diagnoses include right knee contusion, bilateral hip muscle strain, left ankle sprain, and thoracic spine strain. Treatments to date include physical therapy, medications, and conservative care. Diagnostic studies include x-rays of the bilateral hips, right knee and left ankle. Current complaints include mid and lower back, bilateral hip, right knee, and left ankle pain. Current diagnoses include lumbar muscle strain, right knee contusion, bilateral hip muscle strain, left ankle sprain, and thoracic spine strain. In a progress note dated 05/21/15 the treating provider reports the plan of care as conservative care, additional physical therapy to the back, hips, right knee and left ankle; and nonsteroidals as needed. The requested treatments include additional physical therapy to the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x3 for the lower back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury on 05/07/15 after falling. When seen, she had completed six physical therapy treatment sessions. Pain was rated at 3/10. She was having non-radiating low back pain. She was using a left ankle brace. Her right hip and knee had improved. She was having left hip pain and hip replacement surgery on a nonindustrial basis was being planned in two weeks. Physical examination findings included moving slowly. There was mild lumbar and lateral hip tenderness. There was minimal right knee tenderness and mild/minimal tenderness over the left lateral ankle. An additional six physical therapy treatments was requested. Her primary diagnosis was a lumbar strain. Guidelines recommend up to 10 visits over 8 weeks for the treatment of a lumbar sprain. In this case, the number of additional treatments being requested is in excess of that recommendation. Additionally, major orthopedic surgery was being planned in two weeks and she was planned to be maintained out of work until undergoing surgery. A home exercise program and reevaluation of her condition after recovering from surgery would have been appropriate. The request for additional physical therapy would not reflect a fading of treatment frequency and is not medically necessary.