

Case Number:	CM15-0122912		
Date Assigned:	07/07/2015	Date of Injury:	07/24/2013
Decision Date:	08/04/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 42 year old male sustained an industrial injury on 7/24/13. He subsequently reported back and left knee pain. Diagnoses include lumbosacral spondylosis without myelopathy, acquired spondylolisthesis and thoracic or lumbosacral neuritis or radiculitis. Treatments to date include x-ray and MRI testing, left knee surgery, physical therapy, injections and prescription pain medications. The injured worker continues to experience low back pain with radiation to the bilateral lower extremities. Upon examination, pain to palpation along the lumbar spine and reduced range of motion. Right knee range of motion is reduced and there is tenderness to palpation. Straight leg raising is positive at 30 degrees in both the right and left. A request for Physical therapy 1-2 times a week for 6 weeks was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back and Lumbar and Thoracic (Acute and Chronic) (updated 5/15/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 1 to 2 times per week times six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are lumbar facet arthropathy; lumbar spondylosis; other chronic pain; lumbar radicular syndrome; and chronic knee pain. The date of injury is July 24, 2013. The request for authorization is dated June 8, 2015. According to a progress note dated June 2, 2015, the injured worker is status post epidural steroid injection. Injured worker received 75% - 90% relief. The treating provider is scheduling a second epidural steroid injection at L4 - L5. The treating provider requested physical therapy 1 to 2 times per week time six weeks. There is no documentation indicating the total number of prior physical therapy sessions to the lumbar spine. There's no documentation demonstrating objective functional improvement. The treating provider requested 12 sessions of physical therapy. The guidelines recommend a six visit clinical trial when starting a physical therapy regimen. There is insufficient documentation regarding prior physical therapy for lumbar spine. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. If the injured worker received prior physical therapy, the worker should be well-versed in the exercises performed during physical therapy to engage and continue a home exercise program. If the worker has not received physical therapy to date, a six visit clinical trial is appropriate. In either case, the treating provider requested physical therapy 1 to 2 times per week times six weeks (up to 12 sessions) in excess of the recommended guidelines for sixth visit on trial. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and insufficient documentation regarding prior physical therapy, physical therapy 1 to 2 times per week times six weeks is not medically necessary.