

Case Number:	CM15-0124899		
Date Assigned:	07/09/2015	Date of Injury:	05/15/1993
Decision Date:	08/21/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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 male patient who sustained an industrial injury on 05/15/1993. A physical therapy evaluation note dated 06/02/2015 reported the treating diagnosis as lumbar spine strain. The patient had subjective complaint of with increased symptom while washing face, bending forward for a prolonged time, sitting for 20 minutes or longer. He is with decreased symptom with stretching and moving. The pain is worse in the morning. He has had recent exacerbation of the low back pain. Previous treatment to involve: bilateral knee injections. A primary office visit dated 05/27/2015 reported the patient with osteoarthritis of knees, and back pain. Current medications are Prednisone 20mg, and Medrol.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT Evaluation plus 12 Sessions for Lumbar Spine: 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 chronic knee and low back pain. He has had recent physical therapy for both problems with completion of three treatments as of 06/09/15. When seen, he was having increased knee pain causing back pain. He was taking non-steroidal anti-inflammatory medication and performing home physical therapy. There was left knee swelling with diffuse tenderness and decreased lumbar range of motion with tenderness. A physical therapy evaluation and 12 treatments for the lumbar spine was requested. The claimant is being treated for chronic pain with no new injury and is already receiving physical therapy for the knee and low back. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has not completed a six-visit trial. Another therapy evaluation is not needed. The request is not medically necessary.