

Case Number:	CM15-0127142		
Date Assigned:	07/13/2015	Date of Injury:	01/30/2012
Decision Date:	08/10/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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:

The injured worker is a(n) 57 year old male, who sustained an industrial injury on 1/30/12. He reported pain in his lower back after lifting a heavy object. The injured worker was diagnosed as having degenerative lumbar spondylosis, myofascial pain, right carpal tunnel syndrome and degenerative cervical spondylosis. Treatment to date has included a lumbar MRI on 3/28/15, a lumbar epidural in 2012, physical therapy, Gabapentin and Oxycodone. As of the PR2 dated 5/26/15, the injured worker reports radicular pain radiating down the right thigh, knee and anterior leg. He feels significant muscle tightness and spasms in his right quadriceps. The treating physician requested physical therapy 2 x weekly for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 3 months (24 visits): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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 two times per week times three months (24 visits) 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 exceeds the guideline, exceptional factors should be noted. In this case, injured worker's working diagnosis is lumbar radiculopathy. The date of injury is January 30, 2012. The request for authorization is dated May 26, 2015. According to a progress note dated May 26, 2015, the worker has complaints of low back pain that radiates to the right lower extremity. There is need pain that radiates to the anterior leg. Objectively, the injured worker has a normal gait and normal sensory examination separately decreased sensation in the right L4 and L5 distribution. The documentation states the worker had prior physical therapy several years ago. The total number of physical therapy sessions is not specified in the record. There are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Additionally, there is no clinical rationale for 24 physical therapy sessions. Consequently, absent clinical documentation with the total number of physical therapy sessions to date, documentation demonstrating objective functional improvement, compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically indicated, physical therapy two times per week times three months (24 visits) is not medically necessary.