

Case Number:	CM15-0127981		
Date Assigned:	07/14/2015	Date of Injury:	02/02/2008
Decision Date:	08/11/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/02/2015

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: Emergency 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 32-year-old female, who sustained an industrial injury on 2/2/08. She reported pain in the lumbar spine, bilateral feet, and bilateral knees. The injured worker was diagnosed as having unspecified of the ankle, sprain of the ankle, enthesopathy of the ankle and tarsus, and pain in the joint of the ankle and foot. Treatment to date has included 6 physical therapy sessions. Physical examination findings on 6/5/15 included tenderness to palpation over the spinous processes of L4-5. Currently, the injured worker complains of back pain. The treating physician requested authorization for physical therapy for the lumbar spine 3x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, three times weekly for four 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).

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

Decision rationale: The requested Physical therapy for the lumbar spine, three times weekly for four weeks, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has pain in the lumbar spine, bilateral feet, and bilateral knees. The injured worker was diagnosed as having unspecified of the ankle, sprain of the ankle, enthesopathy of the ankle and tarsus, and pain in the joint of the ankle and foot. Treatment to date has included 6 physical therapy sessions. Physical examination findings on 6/5/15 included tenderness to palpation over the spinous processes of L4-5. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy for the lumbar spine, three times weekly for four weeks is not medically necessary.