

Case Number:	CM15-0171633		
Date Assigned:	09/11/2015	Date of Injury:	11/27/2011
Decision Date:	11/12/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/31/2015

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: New York, 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 24 year old female, who sustained an industrial injury on 11-27-11. The injured worker is undergoing treatment for left knee joint pain, low back pain and left hip joint pain. Medical records dated 4-23-15 through 7-29-15 indicate the injured worker complains of back, hip and knee pain rated 6-7 out of 10 (4-23-15). She reports the pain radiates down low back to both legs. The visit on 7-29-15 indicates pain rated 10 out of 10 at worst with physical exam noting thoracic and lumbar tenderness to palpation with decreased range of motion (ROM). There is left knee decreased range of motion (ROM). X-ray on 7-29-15 reveals degenerative changes with spondylosis. Treatment to date has included chiropractic treatment, medication and magnetic resonance imaging (MRI) in 2013 revealing lumbosacral loss of disc height. The original utilization review dated 8-5-15 indicates the request for magnetic resonance imaging (MRI) of lumbar spine, physical therapy evaluation and treatment 2 times a week for 3 weeks 6 sessions for the left knee physical therapy evaluation and treatment 2 times a week for 3 weeks 6 sessions for low back and physical therapy evaluation and treatment 2 times a week for 3 weeks 6 sessions for the left hip is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back: magnetic imaging studies.

Decision rationale: Documentation states the IW has had a lumbar MRI in 2012 as well as 2013. In July 2015, the IW had lumbar spine radiographs. The IW reports ongoing bilateral lower back pain. There are no reports of paresthesia, radiation of pain, leg weakness, incontinence or new injury. CA MTUS ACOEM guidelines recommend imaging studies for cases "in which surgery is considered or red-flag diagnoses are being evaluated." ODG guidelines state "repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Documentation does not support significant changes in subjective complaints of objective findings. There is not documentation of new injuries or adjustments to analgesic medication. The IW previous had a lumbar MRI. There is no mention of surgeon evaluation or treatment. The request for a lumbar MRI is not medically necessary.

Physical therapy evaluation and treatment 2 times a week for 3 weeks- 6 sessions for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: A note dated 11/21/14 documented the IW was to continue with home exercise and gym pool. A note dated 4/23/2015 recommended "therapy twice week for 6 weeks." A note dated 8/27/2015 states "has not PT in 4 months." This office note also reports, "Exam is virtually unchanged." There is no other documentation, office notes, follow-up notes, or reports of improvement with respect to previous physical therapy visits. Office exam note report on going symptoms without any report of improvement of pain or function. There have been no adjustments to medications or referral to specialty providers. The IW remains with modified work restrictions, but continues to be unemployed. CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. It assumed, based on the above referenced statement, that this is for ongoing physical therapy for a chronic condition. Documentation does not include the number of previous physical therapy treatments or any measure of functional improvement resulting from these treatments. Other conservative treatments with the exception of medications are not included in the chart materials. There is no documentation to assess activities of daily living other than the IW has been directed in home exercises and use of a gym pool. Guidelines do not recommend maintenance care. Additionally, guidelines support "fading of treatment frequency along with active self-directed home PT." IT is unclear from the records why additional physical therapy is being requested. There are no

changes in subjective reports of objective findings. There is no new injury. Without supporting documentation, the request for PT for the left knee is not medically necessary.

Physical therapy evaluation and treatment 2 times a week for 3 weeks- 6 sessions for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: A note dated 11/21/14 documented the IW was to continue with home exercise and gym pool. A note dated 4/23/2015 recommended "therapy twice week for 6 weeks." A note dated 8/27/2015 states "has not PT in 4 months." This office note also reports, "Exam is virtually unchanged." There is no other documentation, office notes, follow-up notes, or reports of improvement with respect to previous physical therapy visits. Office exam note report on going symptoms without any report of improvement of pain or function. There have been no adjustments to medications or referral to specialty providers. The IW remains with modified work restrictions, but continues to be unemployed. CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. It assumed, based on the above referenced statement, that this is for ongoing physical therapy for a chronic condition. Documentation does not include the number of previous physical therapy treatments or any measure of functional improvement resulting from these treatments. Other conservative treatments with the exception of medications are not included in the chart materials. There is no documentation to assess activities of daily living other than the IW has been directed in home exercises and use of a gym pool. Guidelines do not recommend maintenance care. Additionally, guidelines support "fading of treatment frequency along with active self-directed home PT." It is unclear from the records why additional physical therapy is being requested. There are no changes in subjective reports of objective findings. There is no new injury. Without supporting documentation, the request for PT for the low back is not medically necessary.

Physical therapy evaluation and treatment 2 times a week for 3 weeks - 6 sessions for the left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: A note dated 11/21/14 documented the IW was to continue with home exercise and gym pool. A note dated 4/23/2015 recommended "therapy twice week for 6 weeks." A note dated 8/27/2015 states "has not PT in 4 months." This office note also reports, "Exam is virtually unchanged." There is no other documentation, office notes, follow-up notes, or reports of improvement with respect to previous physical therapy visits. Office exam note

report on going symptoms without any report of improvement of pain or function. There have been no adjustments to medications or referral to specialty providers. The IW remains with modified work restrictions, but continues to be unemployed. CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. It assumed, based on the above referenced statement that this is for ongoing physical therapy for a chronic condition. Documentation does not include the number of previous physical therapy treatments or any measure of functional improvement resulting from these treatments. Other conservative treatments with the exception of medications are not included in the chart materials. There is no documentation to assess activities of daily living other than the IW has been directed in home exercises and use of a gym pool. Guidelines do not recommend maintenance care. Additionally, guidelines support "fading of treatment frequency along with active self-directed home PT." IT is unclear from the records why additional physical therapy is being requested. There are no changes in subjective reports of objective findings. There is no new injury. Without supporting documentation, the request for PT for the left hip is not medically necessary.