

Case Number:	CM15-0172672		
Date Assigned:	09/14/2015	Date of Injury:	08/16/2013
Decision Date:	10/20/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/01/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31 year old male, who sustained an industrial injury on 8-16-2013. The injured worker was diagnosed as having lumbosacral radiculopathy, left knee tendonitis and bursitis. Several pages of the medical records have handwritten information which is difficult to decipher. The request for authorization is for: Ext-PT lumbar. The UR dated 8-21-2015: unknown frequency and duration additional physical therapy. On 4-24-2015, he reported pain to the back and lower extremities. He rated the low back pain 9 out of 10, upper back and leg pain was rated 8 out of 10. He is reportedly "not attending any form of therapy". He is reported as not working. Physical findings revealed a normal gait, tenderness to the thoracic and lumbar spine areas. On 7-13-2015, his work status is reported as not working. He reported low back pain with radiation into the lower extremities down to the feet; left knee pain with clicking, popping, and locking. He also reported stomach aches after taking pain medications. He indicated he was having difficulty performing household chores, and performing prolonged activity including walking and sitting. Physical examination revealed tenderness and spasms in the low back, and negative straight leg raise testing bilaterally. Patellar crepitus and tenderness is noted to the knee. The treatment and diagnostic testing to date has included: x-rays (dates unclear) and magnetic resonance imaging of the lumbar spine (2013, 2014), several sessions of physical therapy, medications, multiple lumbar epidurals, AME evaluation (2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy.

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

Decision rationale: The patient was injured on 08/16/15 and presents with low back pain, left knee pain, stomach aches, hypertension, dizziness, breathing problems, and weight loss. The request is for physical therapy lumbar. The RFA is dated 07/20/15 and states that the request is for "Physio-therapy 3 times a week for 4 weeks to lumbar spine." The patient is not currently working. MTUS Guidelines, Physical Medicine Section, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with lumbosacral radiculopathy, left knee tendonitis, and bursitis. The utilization review letter indicates that the "patient has recently had certification for 12 lower back therapy sessions on 7/29/15." The treater has provided an initial physical therapy evaluation conducted on 08/18/15; however, no other therapy notes are provided. It appears that the patient has had prior physical therapy sessions; however, there is no indication of how these sessions impacted the patient's pain and function. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as the medical necessity. Furthermore, the requested 12 sessions of physical exceeds what is recommended by MTUS guidelines. The request is not medically necessary.