

Case Number:	CM15-0173111		
Date Assigned:	09/14/2015	Date of Injury:	09/23/2011
Decision Date:	10/21/2015	UR Denial Date:	08/25/2015
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: 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 58 year old female who sustained an industrial injury September 23, 2011. Past treatment included physical therapy, injections x 3 to the right knee, and home exercise program. According to a treating physician's progress report, dated August 14, 2015, finds the injured worker presenting with continued low back pain, rated 5 out of 10 with medication and 7 out of 10 without medication. She reports no change in her pain from the last visit including bilateral knee pain, and that her medications are working well. Current medications are ibuprofen, Lidoderm patch, Norco, Prevacid, Pennsaid, Flexeril, Accupril, and Toprol. She had been provided a script for physical therapy July 2015 but had not scheduled treatment. Physical examination included; 5'2" and 305 pounds; gait mildly antalgic without assistive devices; lumbar spine-no limitation in range of motion, paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band and trigger point on the right side, lumbar facet loading positive on both sides, left FABERE test is positive and left sacroiliac joint is mildly tender; right knee-no limitation in range of motion crepitus present, tenderness over the pes anserine; left knee-restricted range of motion with flexion limited to 88 degrees by pain, normal extension, tenderness over the lateral joint line. Diagnoses are low back pain; spondylolisthesis; lumbar radiculopathy; spinal-lumbar degenerative disc disease; knee pain; spasm of muscle. The physician documented; "a urine toxicology report dated April 24, 2015, is negative for Flexeril and the injured worker is using it sparingly". Treatment plan included trial of Percocet to replace Norco. At issue, is the request for authorization for physical therapy x six

sessions. According to utilization review, dated August 25, 2015, the request for physical therapy x 6 for the low back is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x6 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: The request is for physical therapy. Physical therapy, or active therapy, is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction. The injured worker is instructed and is expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise. According to records, it appears the injured worker has previously attended 27 sessions of physical therapy, and continues to have ongoing pain. At this point, without a new, acute exacerbation of pain, nor a clearly documented beneficial response to previous physical therapy, there is unlikely to be a significant benefit to the request for further physical therapy. Therefore, the request as submitted is not medically necessary.