

Case Number:	CM15-0176856		
Date Assigned:	09/17/2015	Date of Injury:	08/28/2014
Decision Date:	10/21/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/08/2015

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: Preventive Medicine, Occupational 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 46 year old female, who sustained an industrial injury on 09-28-2014. She has reported subsequent low back and right lower extremity pain and was diagnosed with lumbar strain, lumbar radiculopathy, facet arthropathy and severe right facet arthrosis. MRI of the lumbar spine dated 11-25-2014 showed straightening of the lumbar spine, annular fissure or tear noted at the L4-L5 level associated with 2 mm of diffuse broad-based disk bulging, annular fissure or tear noted at the L5-S1 level associated with 2 mm of asymmetric broad based disk bulging with prominence towards the right and mild degenerative disk and facet joint disease. MRI of the right hip dated 10-07-2014 showed edema involving the right obturator internus and externus muscles that is consistent with a grade 2 muscle strain. Treatment to date has included oral and injectable pain medication, trigger point injections, lumbar epidural steroid injection, chiropractic therapy, acupuncture and an unknown number of physical therapy visits which were noted to have failed to significantly relieve the pain. The physician noted during a 03-06-2015 office visit that physical therapy provided no alleviation of pain and minimal progression of the injured worker's care. In a progress note dated 07-16-2015, the injured worker reported low back and bilateral thigh pain that occurred primarily at night. No objective physical examination findings were documented in this visit note. Work status was documented as modified. A request for authorization of outpatient physical therapy 3 times per week over 4 weeks was submitted. As per utilization review dated 08-19-2014, the request for outpatient physical therapy was modified from 3 times per week over 4 weeks to approval of 2 outpatient physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy 3 times per week over 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Physical Therapy.

Decision rationale: MTUS Guidelines recommend that up to 10 sessions of supervised physical therapy is appropriate for this individual's condition. The Guidelines anticipated a developed home activity with that amount of therapy. Longer term application of modalities and hands; on visits are not shown to produce additional benefits. This is consistent with ODG Guidelines which consider a total of 9 sessions of therapy adequate for these diagnoses. This individual completed a prior course of physical therapy and there are no unusual circumstances to justify this request which greatly exceeds Guideline recommendations. A few sessions to renew instruction may be reasonable, but the request for Outpatient physical therapy 3 times per week over 4 weeks is not supported by Guidelines and is not medically necessary.