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| Case Number: | CM15-0177820 | | |
| Date Assigned: | 09/18/2015 | Date of Injury: | 12/27/2013 |
| Decision Date: | 10/21/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 09/09/2015 |

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 36 year old female, who sustained an industrial injury on 12-27-13. Medical record indicated the injured worker is undergoing treatment for lumbar sprain and strain. Treatment to date has included lumbar partial laminectomy for decompression (2-3-15); 6 physical therapy sessions, home exercise program and activity modifications. On 7-10-15 the injured worker reports her low back pain has improved from 5 out of 10 to 2-3 out of 10 with physical therapy and on 8-24-15, the injured worker reports her low back isn't hurting as much, just feels stiff but left side glut continues to bother and rates the pain 6-7 out of 10, described as throbbing. She is currently temporarily totally disabled. Physical exam performed on 7-10-15 noted restricted range of motion f lumbar spine and mild left greater than right paraspinal tenderness as well as mild left sacroiliac-sciatic notch tenderness and on 8-24-15 revealed pain to lower lumbar spine sacroiliac region with flexion, minimal tightness to gluts and tightness on palpation of left PSIS region and glut medicus continues to be weak and painful and on 9-1-15, utilization review non-certified 18 physical therapy visits, noting the injured worker had previously attended 24 sessions and there is no documentation of physical exam of the lower extremities or lumbar spine described in the records available to indicate persistent objective problem such significant strength or motion deficit that might be expected to respond to additional physical therapy beyond the guideline suggested 16 sessions for postoperative treatment of disc surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 18 Visits: 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: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The above request would also exceed the current amount of sessions that is recommended. The patient has completed 24 sessions of physical therapy to date, According to the clinical documentation provided and current MTUS guidelines; Physical therapy, as written above, is NOT indicated as a medical necessity to the patient at this time.