

Case Number:	CM15-0027474		
Date Assigned:	02/19/2015	Date of Injury:	01/28/2014
Decision Date:	04/02/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 41 year old female, who sustained an industrial injury on 01/28/2014. The diagnoses have included lumbosacral spondylosis and right calcaneal spur with contusion. Noted treatments to date have included physical therapy, chiropractic treatment, and medications. Diagnostics to date have included MRI of the lumbar spine on 01/21/2015 showed mild disc bulging to the left at L3-L4 as well as some moderate multilevel lower thoracic disc degeneration. In a progress note dated 01/23/2015, the injured worker presented with complaints of low back and right foot pain. The treating physician reported requesting 12 sessions of physical therapy. Utilization Review determination on 02/06/2015 modified the request for 12 Sessions of Physical Therapy for Lumbar Spine to Physical Therapy x 4 Sessions citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: 12 Physical therapy sessions x 12 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The patient has already had 6 visits of this condition. The treating physician feels that 12 sessions will allow the patient to avoid procedures and surgery. Also the provider states that the 12 sessions will allow the patient to acquaint herself with the exercises for an independent home exercise program. The MTUS states to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. The documentation does not indicate extenuating factors which would require 12 more supervised therapy sessions or why the patient would require all 12 sessions to become adept in a home exercise program. The request for 12 physical therapy sessions is not medically necessary.