

Case Number:	CM15-0027490		
Date Assigned:	02/19/2015	Date of Injury:	09/20/2013
Decision Date:	04/03/2015	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: 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 32 year old male with an industrial injury dated September 20, 2013. The injured worker diagnoses include hamstring strain, hamstring injury, lumbar strain, low back pain, hamstring tear, chronic pain syndrome, lumbar facet arthropathy, and lumbar degenerative disc disease. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, aquatic physical therapy, H-wave unit and periodic follow up visits. According to the progress note dated 1/6/2015, the injured worker reported low back and left hamstring pain with improvement from aquatic physical therapy. Physical exam revealed mild antalgic gait with cane. Lumbar spine exam revealed bilateral tenderness of sacroiliac joints and tenderness over the paraspinals and limited flexion and extension. Straight leg raises was positive in the left buttock. The treating physician prescribed services for additional physical therapy, 2 times weekly for the left leg now under review. Utilization Review determination on February 6, 2015 denied the request for additional physical therapy, 2 times weekly for the left leg, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, 2 times weekly, left leg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: Per the 02/06/15 report the patient presents with lower back and leg pain. The current request is for ADDITIONAL PHYSICAL THERAPY 2 TIMES WEEKLY LEFT LEG. The RFA included is dated 03/03/15; however, the 02/06/15 utilization review states the request is dated 02/11/15. The patient is working full time with modification. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The treater discusses the need for additional aqua therapy for this patient after it was denied. The therapy treatment visit note of 01/08/15 shows the patient completed 16 Aqua therapy visits starting 09/30/14 for the treatment of the lower back and left hamstring. This report states the patient is making excellent progress toward goals of walking with an assistive device, reduced pain and negative SLR test. The treater requests 8 physical therapy visits, states the patient would like to continue therapy to improve pain and to hopefully ambulate without a cane, and that weight bearing on the torn hamstring causes pain. In this case, the treater does not explain why transition to a home exercise program is not adequate. Furthermore, as presented above, the requested sessions are indeterminate, and additional sessions combined with the 16 visits already completed exceed what is allowed by the MTUS guidelines. The request Additional physical therapy, 2 times weekly, left leg is not medically necessary.