

Case Number:	CM15-0040581		
Date Assigned:	03/10/2015	Date of Injury:	03/13/2012
Decision Date:	05/11/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/03/2015

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 65-year-old male who reported an injury on 03/13/2012. The mechanism of injury involved a fall. The current diagnoses include degenerative spondylolisthesis at L5-S1, degenerative scoliosis, multilevel disc degeneration and right leg radiculopathy with weakness. The injured worker presented on 12/12/2014 for an initial consultation. It was noted that the injured worker had been previously treated with 2 sessions of acupuncture without an improvement in symptoms. The injured worker had not participated in physical therapy and had not received any injections. Upon examination, there was 4+/5 motor weakness with diminished right patellar reflex, diminished lumbar range of motion and an antalgic gait. Recommendations at that time included 12 sessions of physical therapy. There was no request for authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 6 wks Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines.

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

Decision rationale: The California MTUS Guidelines state active therapy 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. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for unspecified neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The request for 12 sessions of physical therapy for the lumbar spine exceeds guideline recommendations. As such, the request is not medically necessary.