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| Case Number: | CM15-0042960 | | |
| Date Assigned: | 03/13/2015 | Date of Injury: | 07/07/2013 |
| Decision Date: | 04/22/2015 | UR Denial Date: | 02/13/2015 |
| Priority: | Standard | Application Received: | 03/06/2015 |

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: Internal 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 55-year-old female who sustained a work related injury on July 7, 2013, after a fall injuring her left knee and lower back. Treatment included physical therapy, chiropractic sessions and medications. She was diagnosed with internal derangement of the left knee and lumbar sprain with radiculopathy. Currently, the injured worker complained of limited standing, walking and sitting due to her injuries. She was diagnosed with chronic pain, left derangement of the left knee and lumbar sacral radiculitis. The injured worker was pregnant and unable to take certain pain relieving medications. Authorization was requested for eight additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional Physical Therapy sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine, pages 98-99. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Physical Therapy (PT).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (Acute & Chronic) recommends 9 visits of physical therapy (PT) for lumbago and backache. Medical records document the diagnoses of chronic pain, low back pain, and lumbosacral radiculitis. The progress report dated 1/28/15 documented that the patient has not had physical therapy in the past. The request for 8 sessions of PT physical therapy is supported by MTUS and ODG guidelines. Therefore, the request for 8 PT physical therapy sessions is medically necessary.