

Case Number:	CM15-0049248		
Date Assigned:	04/17/2015	Date of Injury:	01/23/2010
Decision Date:	05/15/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 31 year old male, who sustained an industrial injury on 01/23/2010. He has reported subsequent knee, back and lower extremity pain and was diagnosed with derangement of meniscus, lumbago, thoracic or lumbosacral neuritis or radiculitis and sciatica. Treatment to date has included oral pain medication, physical therapy and a home exercise program. In a progress note dated 12/26/2014, the injured worker complained of left knee and low back pain. Objective findings were notable for positive straight leg raise bilaterally, positive McMurray's test and Apley's test on the left side. A request for authorization of 8 physical therapy visits was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than five years status post work-related injury and continues to be treated for left knee and low back pain. Prior treatments have included physical therapy with a home exercise program. He underwent a three level lumbar fusion without apparent complication. When seen, physical examination findings included positive straight leg raising and positive McMurray's and Apley's tests. In this case, there is no new injury and therefore the chronic pain treatment guidelines apply. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy including a home exercise program. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. The claimant has no other identified impairment that would preclude performing such a program.