

Case Number:	CM15-0062097		
Date Assigned:	04/07/2015	Date of Injury:	08/28/2014
Decision Date:	05/22/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/30/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 52-year-old female, with a reported date of injury of 08/26/2014. The diagnoses include lumbar spine sprain/strain, decreased disc height at L5-S1 with facet hypertrophy at L4-5 and L5-S1, and left ankle sprain/strain. Treatments to date have included an MRI of the lumbar spine, Naproxen, x-rays of the low back, and x-rays of the left ankle. The initial orthopedic evaluation report dated 01/08/2015 indicates that the injured worker complained of low back pain, with radiation to the left lower extremity to the knee. She also complained of left ankle pain. It was noted that the injured worker had difficulty with activities of daily living. An examination of the low back showed a left antalgic, slow and deliberate gait, decreased range of motion, pain with all ranges, positive active straight leg raise test, and tenderness to palpation over the paralumbar expanse bilaterally with spasm adjacent to L4-5 and L5-S1. An examination of the left ankle showed decreased range of motion, mild swelling over the posterior talofibular ligament, and intact sensory evaluation. The treating physician requested physical therapy for the left foot and low back. The request is for core strengthening and stretching.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy Low Back Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: For the lumbar spine: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. For the knee: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The patient has already completed a course of physical therapy to the lumbar spine and the knee. The treating physician has not stated why a home exercise program will not suffice and has not documented the functional improvement received from prior therapy. As such, the request for Physical therapy 2-3 times a week for 4 weeks is not medically necessary.