

Case Number:	CM15-0064022		
Date Assigned:	04/10/2015	Date of Injury:	07/17/2010
Decision Date:	05/15/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/03/2015

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, Hawaii
 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 75 year old female, who sustained an industrial injury on 7/17/2010. She reported tripping and falling over a box. The injured worker was diagnosed as status post right knee arthroscopy, shoulder tendinitis/bursitis, medial meniscus tear and low back pain with radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 3/4/2015, the injured worker complains of knee pain and low back pain that radiates to the bilateral lower extremities. The treating physician is requesting lumbosacral physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

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

Decision rationale: The patient presents with lower back pain radiating into the lower extremities with numbness and weakness. The current request is for physical therapy, lumbar spine. The treating physician states the patient has tenderness and guarding in the paravertebral musculature of the lumbar spine with decreased range of motion. She has decreased sensation L5 bilaterally with pain and an antalgic gait. The patient last had physical therapy for lower back 9/14 with 6 physical therapy visits certified. The MTUS guidelines state, "Physical Medicine Guidelines, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." Furthermore, MTUS guidelines state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." In this case, the treating physician has not provided documentation as to why the patient is not participating in a home exercise program. The IMR request does not specify frequency or duration of physical therapy. The current request has not met medically necessity as defined by the guidelines and the recommendation is for denial. Therefore the request is not medically necessary.