

Case Number:	CM15-0064122		
Date Assigned:	04/10/2015	Date of Injury:	12/05/2006
Decision Date:	05/08/2015	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, Indiana, New York
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:

This 46 year old male sustained an industrial injury to the left leg and arm on 12/5/06. Previous treatment included magnetic resonance imaging, left knee arthroscopy, epidural steroid injections, facet joint injection, ice treatment, occipital nerve block, facet joint injections, physical therapy, spinal cord stimulator, sympathetic block, transcutaneous electrical nerve stimulator unit and medications. In a progress note dated 3/4/15, the injured worker reported feeling better as he was finally back on medications. The injured worker complained of pain 3/10 to the left knee and low back pain. Physical exam was remarkable for upper extremity strength 5/5 without sensory deficits, lumbar spine with tenderness to palpation over the left paraspinal musculature with spasm and decreased range of motion and left knee 4/5 strength upon flexion or extension and mild apprehension to touch. Current diagnoses included chronic pain syndrome and other chronic postoperative pain. The treatment plan included continuing medications (Lyrica, Soma, Ambien, Cymbalta, Norco, Aspirin and Xanax) and starting physical therapy. The physician noted that the injured worker had not had physical therapy in five years and the left leg was now weaker with less stability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for chronic pain: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks for chronic pain is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic pain syndrome/CRPS; spinal cord stimulator implant; and other chronic postoperative pain. The date of injury was December 5, 2006. The injured worker received an unspecified number of physical therapy sessions. The total number of sessions is unclear from the documentation. There are no physical therapy notes in the medical record. There is no documentation of objective functional improvement in the medical record. The injured worker receives aquatic (pool) therapy in addition to physical therapy. In a March 4, 2015 progress note, subjectively, the injured worker presents for follow-up left leg and left arm pain. He feels better back on his medications. He also complains of left knee pain aching, throbbing with pain and low back. Past treatments include epidural steroid injections, facet joint injections, ice treatment, occipital nerve block, physical therapy, spinal cord stimulator trial and implantation, sympathetic block and TENS unit. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically warranted. Additionally, the request for authorization stated physical therapy was indicated for chronic pain. There was no anatomical body part/region indicated in the record. Consequently, absent clinical documentation with objective functional improvement of prior physical therapy and aquatic/pool therapy and compelling clinical facts indicating additional physical therapy is clinically indicated, physical therapy three times per week times four weeks for chronic pain is not medically necessary.