

Case Number:	CM15-0071655		
Date Assigned:	04/21/2015	Date of Injury:	09/07/2011
Decision Date:	05/20/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/14/2015

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 72 year old female who sustained an industrial injury on 9/7/11. The injured worker reported symptoms in the neck and back. The injured worker was diagnosed as having sprains and strains of lumbar region, patellar tendinitis, and lumbosacral radiculopathy and knee tendinitis/bursitis. Treatments to date have included anti-inflammatory medications, activity modification, and physical therapy. Currently, the injured worker complains of neck, lower back and left knee pain. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks for the Cervical Spine Lumbar Spine Left

Knee: Upheld

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

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 sustained a work injury in June 2011 and continues to be treated for chronic neck, low back, and left knee pain. When seen, she was having ongoing exacerbations of low back pain depending on her activity level. Imaging results were reviewed. No physical examination was performed. The claimant indicated that she had improved range of motion with prior physical therapy but that she had not been provided with an independent exercise program level. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. A trial of physical therapy could include instructions in a home exercise program. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.