

Case Number:	CM15-0072232		
Date Assigned:	04/22/2015	Date of Injury:	08/12/2011
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/15/2015

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 63 year old male, who sustained an industrial injury on 8/12/11. The injured worker was diagnosed as having hip pain, chronic pain syndrome, carpal tunnel syndrome, cervical radiculitis, spinal stenosis in cervical region, cervical degenerative disc disease, neck pain, lumbar stenosis, lumbar degenerative disc disease, low back pain and right knee pain. Treatment to date has included cortisone injection, oral medications including opioids, lumbar fusion, physical therapy and home exercise program. Currently, the injured worker complains of right hip, right knee, neck and low back pain. Physical exam noted well healed surgical scar, tenderness is noted over paraspinals of lumbar region, tenderness is noted to palpation of greater trochanter of right hip and tenderness is noted to palpation of medial joint line with crepitus. The treatment plan included continuation of physical therapy and follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Qty 12: Upheld

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

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 nearly 4 years status post work-related injury and continues to be treated for hip, knee, neck, and low back pain. When seen, the requesting provider documents that the claimant continues to perform a home exercise program including walking. 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 is already independently performing a home exercise program. Continued compliance would be expected and would not require further skilled oversight.