MAXIMUS Federal Services

Case Number:	CM15-0072549		
Date Assigned:	04/22/2015	Date of Injury:	10/10/2014
Decision Date:	05/20/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/16/2015

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 47 year old female, who sustained an industrial injury on 10/10/14. She reported pain in her lower back, knees and abdomen. The injured worker was diagnosed as having lumbar disc displacement, right knee medial meniscus tear and umbilical hernia. Treatment to date has included physical therapy and pain medications. As of the PR2 dated 3/12/15, the injured worker reports pain in her lower back, right knee and abdomen. The treating physician noted tenderness in the right knee and lumbar spine and painful range of motion. The treating physician requested a follow-up visit, physical medicine 3x weekly for 4 weeks for the lumbar spine and right knee and an LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up Visit with ROM measurement and Addressing ADL's: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: The claimant sustained a work injury in October 2014 and continues to be treated for knee, low back, and abdominal pain. When seen, she was having difficulty with prolonged walking or lifting heavy items. Care was being considered under the chronic pain treatment guidelines. Office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. In this case, the claimant was being seen for an initial evaluation. In terms of measuring range of motion and assessing the claimant's activities of daily living, this should be a part of a routine musculoskeletal evaluation. Therefore, requesting a follow-up visit was medically necessary.

Physical Medicine 3 x 4 for Lumbar Spine and Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 October 2014 and continues to be treated for knee, low back, and abdominal pain. When seen, she was having difficulty with prolonged walking or lifting heavy items. Care was being considered under the chronic pain treatment guidelines. 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.

Lumbar Support Orthosis-Apollo LSO x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

Decision rationale: The claimant sustained a work injury in October 2014 and continues to be treated for knee, low back, and abdominal pain. When seen, she was having difficulty with prolonged walking or lifting heavy items. Care was being considered under the chronic pain treatment guidelines. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was therefore not medically necessary.