

Case Number:	CM15-0074780		
Date Assigned:	04/24/2015	Date of Injury:	12/17/2010
Decision Date:	05/22/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/20/2015

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:

The injured worker is a 63 year old female who sustained an industrial injury on 12/17/2010. Current diagnoses include chronic lumbosacral strain with degenerative changes with left radiculitis. Previous treatments included medication management, exercise program, chiropractic treatments, and physical therapy. Previous diagnostic studies include an MRI of the lumbar spine, and x-rays. Initial complaints included left buttock pain after slipping and falling off a ladder. Report dated 11/19/2014 noted that the injured worker presented with complaints that included low back pain and restricted range of motion. Pain level was 5 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included continue with heat and exercise, physical therapy again approved, and use Motrin as discussed. Of note there was no recent medical documentation submitted within the records received. Disputed treatments include physical therapy 2 x 4 weeks 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 2x4wks 8 Visits: Upheld

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

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 two times a week times four weeks (8 sessions) 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 lumbosacral strain with degenerative changes L4 through S1 with left radiculitis. The most recent progress note a medical record is dated November 19, 2014. The request for authorization is dated April 13, 2015. There are no contemporaneous progress notes the medical record on or about April 13, 2015 request date. Subjectively, according to the progress note dated November 19, 2014, the injured worker has low back pain 5/10 on the VAS pain scale with restricted range of motion. Objectively, tenderness and range of motion is 50% of normal. The documentation does not state the location of the tenderness. Motor strength and sensation is grossly normal. The utilization review states the injured worker received the recommended number of physical therapy sessions. The utilization review does not state the total number in the medical record does not contain the total number of physical therapy sessions. Scattered throughout the medical record are multiple dates with multiple physical therapy sessions rendered, however, the locations being treated are not addressed in the documentation. Consequently, absent compelling clinical documentation with objective functional improvement (from prior physical therapy to date) and compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy two times a week for four weeks (eight sessions) is not medically necessary.