

Case Number:	CM15-0076951		
Date Assigned:	04/28/2015	Date of Injury:	09/26/2002
Decision Date:	06/04/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62 year old female who sustained an industrial injury on 9/26/02. The mechanism of injury is unclear. She recently has had several falls when her left leg gave out causing increased bilateral knee pain, low back pain, and bilateral shoulder pain. She currently (3/17/15) complains of constant, severe low back and bilateral knee pain. Medications are Cymbalta, Aciphex, Voltaren ER, Imitrex, Lidoderm patch, trazadone, Celebrex, Lyrica, Norco. Norco is becoming less effective for pain (3/17/15). Diagnoses include diabetes; anxiety; depression; headaches; chronic cervical strain; artificial lumbar disc and anterior lumbar inter-body fusion and posterior spinal fusion (6/27/11); posterior lumbar spinal fusion (8/26/11); left (5/4/12) and right (12/7/12) knee arthroscopic partial medial and lateral meniscectomies and chondroplasty; right shoulder arthroscopic subacromial decompression and acromioplasty (6/7/13); re-exploration of previous thoracic and left gluteal site thoracic laminotomy (3/12/14); right endoscopic tunnel release (9/6/14); left carpal tunnel release (9/6/14); acute left chest wall contusion; osteoarthritis to bilateral knees. Treatments to date include medications, transforaminal epidural steroid injection with improvement of back/ leg pain for one month; bilateral knee steroid injections. Diagnostics include multiple x-rays of the right and left shoulder, cervical spine, right and left wrists, right and left ankles; computed tomography of the lumbar spine (1/7/14). In the progress note dated 3/17/15 the treating provider's plan of care includes a request for 10 sessions of physical therapy to address the myofascial pain and spasms in the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy two (2) times a week for five (5) weeks for the low back:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional improvement measures Page(s): 98-99; 48.

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

Decision rationale: Outpatient physical therapy two (2) times a week for five (5) weeks for the low back is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation is not clear on how many prior low back PT sessions the patient has had; why she is unable to perform an independent home exercise program; and the outcome of her prior lumbar PT. Without clarification of this information the request for outpatient physical therapy for the low back is not medically necessary.