

Case Number:	CM15-0077305		
Date Assigned:	04/28/2015	Date of Injury:	11/02/2013
Decision Date:	06/02/2015	UR Denial Date:	03/27/2015
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: California

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 36 year old male patient who sustained an industrial injury on 11/02/2013. An orthopedic follow up visit dated 03/27/2015 reported the patient with subjective complaint of persistent pain about the bilateral paralumbar muscles that radiates into the left lower extremity. He continues to have retropateller left knee pain. His left ankle pain is noted with improvement. His back and knee pain is aggravated with attempting to lift, reach and pull. The clinical impression noted persistent symptomatic lumbar radiculopathy with abnormal nerve conduction study: L3-4 disc desiccation and degeneration. Symptomatic chondromalacia with unremarkable magnetic resonance imaging study and resolving left ankle strain. The plan of care involved: physical therapy, refilling ibuprofen and Prilosec, and pain management consultation. A primary treating office visit dated 09/11/2014 reported subjective complaints of low back pain, stiffness and heaviness that is worse while working. There is also complaint of left knee and ankle pain. The following diagnoses are applied: lumbar degenerative disc disease; left knee sprain/strain, and left ankle strain/sprain. The plan of care described the following medications to continue: Capsaicin, and Gabapentin. There is recommendation for; acupuncture, ankle brace, cold/heat therapy, therapy, nerve conduction study, urine drug screening, radiography study, and utilizing a transcutaneous nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4, 12 sessions, Left Ankle, Left Knee and Lumbar Spine: 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 Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Physical therapy 12 visit was requested on 3/13/15. The date of injury was 11-02-2013. The orthopedic report dated 1/23/15 documented lumbar spine, left knee, and left ankle pain. Past treatments included acupuncture and a course of physical therapy. The physical therapy note dated 2/16/15 documented the first PT visit. The physical therapy note dated 3/13/15 documented the completion of 12 visits of physical therapy. The orthopedic progress report dated 3/27/15 documented persistent lumbar, left lower extremity, left knee, and left ankle pain. He had some improvement with physical therapy. Ibuprofen and Prilosec were refilled. Work status was modified work. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The physical therapy note dated 3/13/15 did not document functional improvement. The orthopedic progress report dated 3/27/15 did not document functional improvement. The request for 12 additional visits of physical therapy exceeds MTUS guidelines, and is not supported. Therefore, the request for additional physical therapy is not medically necessary.