

Case Number:	CM15-0077813		
Date Assigned:	04/29/2015	Date of Injury:	03/19/2002
Decision Date:	06/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/23/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 48 year old female, who sustained an industrial injury on 3/19/02. The injured worker was diagnosed as having bilateral plantar fasciitis status post left plantar fasciectomy and symptoms of chronic strain in the lumbosacral spine with MRI evidence of disc bulges as L4-5 and L5-S1. Treatment to date has included medications such as Norco and Flexeril. Pain medication was noted to reduce pain by 50%. Currently, the injured worker complains of bilateral foot pain, bilateral knee pain, and low back pain. The treating physician requested authorization for 12 sessions of physical therapy for the lumbar spine. A physician's report dated 2/9/15 noted the injured worker wanted to have a "short course of physical therapy to remind her of the exercises that need to be done for core strengthening."

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy for lumbar spine: Upheld

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

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

Decision rationale: Guidelines recommend 8-10 sessions physical therapy for various myalgias and neuralgias. In this case, the patient is suffering from lumbar spine pain. The request for 12 sessions of physical therapy exceeds medical guidelines and the request is not medically appropriate and necessary.