

Case Number:	CM15-0078947		
Date Assigned:	04/30/2015	Date of Injury:	09/10/2002
Decision Date:	05/29/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/24/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial/work injury on 9/10/02. The reported initial complaints of low back pain and bilateral knee pain. The injured worker was diagnosed as having multiple lumbar disc protrusions, right and left knee meniscal tears, ganglion cyst of the posterior cruciate ligament and lateral patellar subluxation, and internal derangement. Treatment to date has included medications, physical therapy, psychology, rheumatology, pain management. Currently, the injured worker complains of back pain that radiated to lower extremities and bilateral knee pain. Per the primary physician's progress report (PR-2) on 2/26/15, examination revealed lumbar tenderness and spasms, restricted range of motion in both knees with a positive McMurray's and Valgus (MCL) test. Current plan of care included physical therapy and pool therapy. The requested treatments include physical therapy for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the low back, three times a week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low Back chapter. Physical therapy section.

Decision rationale: There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. ODG Physical Therapy Guidelines Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also, see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial". Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks Sprains and strains of unspecified parts of back (ICD9 847): 10 visits over 5 weeks Sprains and strains of sacroiliac region (ICD9 846): Medical treatment: 10 visits over 8 weeks Lumbago; Backache, unspecified (ICD9 724.2; 724.5): 9 visits over 8 weeks Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Medical treatment: 10 visits over 8 weeks Post-injection treatment: 1-2 visits over 1 week Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks Post-surgical treatment (arthroplasty): 26 visits over 16 weeks Post-surgical treatment (fusion, after graft maturity): 34 visits over 16 weeks Intervertebral disc disorder with myelopathy (ICD9 722.7) Medical treatment: 10 visits over 8 weeks Post-surgical treatment: 48 visits over 18 weeks Spinal stenosis (ICD9 724.0): 10 visits over 8 weeks See 722.1 for post-surgical visits. In this instance, it is clear that between 12 and 18 physical therapy visits have been ordered previously for this injured worker's low back and knees. No physical therapy notes have been included for review. There is one reference to improved pain and a 10% increase in functionality following one round of physical therapy by report from the injured worker. The requested number of physical therapy treatments greatly exceeds that allowed by the referenced guidelines for low back disorders that have not involved any kind of surgery. There is no objective evidence of functional improvement from previous physical therapy, at least none has been submitted for review. No rationale has been provided as to why the injured worker cannot continue a home exercise program. Consequently, physical therapy three times a week for twelve weeks for the low back is not medically necessary.