

Case Number:	CM15-0090265		
Date Assigned:	05/14/2015	Date of Injury:	04/15/2013
Decision Date:	06/17/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, California
 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:

This is a 44 year old female with an April 15, 2013 date of injury. A progress note dated March 3, 2015 documents subjective findings (continues to have lower back pain and bilateral lower extremity pain; numbness of the left knee; pain rated at a level of 7-9/10 with medications and 10/10 without medications), objective findings (normal gait; no palpable tenderness of the lumbar spine paravertebral muscles, sacroiliac joints, sciatic notches, or flanks; decreased sensation over the left L3, L4, L5, and S1 dermatome distribution), current diagnoses (L3-S1 stenosis; L3-S1 disc degeneration/facet arthropathy; left greater than right lumbar radiculopathy; left plantar fasciitis; bilateral greater trochanteric bursitis; bilateral hip degenerative joint disease; chronic intractable pain). Treatments to date have included physical therapy, medications, lumbar spine fusion on 6/4/14, and imaging studies. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included OxyContin, Percocet, Motrin, additional physical therapy, pain management consultation, and purchase of a single point cane. The medication list include OxyContin, Percocet, Motrin and Neurontin. Per the doctor's note dated 4/16/15 patient had complaints of low back pain with radiation in both leg at 9/10. Physical examination of the low back revealed tenderness on palpation, limited range of motion, negative SLR, 5/5 strength and normal sensory and motor examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x 3 for the low back area: 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 Page(s): 98.

Decision rationale: Request: Additional Physical Therapy 2 x 3 for the low back area. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Additional Physical Therapy 2 x 3 for the low back area is not medically necessary for this patient.

Purchase of Single Point Cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340 Activity alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 05/05/15) Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: Purchase of Single Point Cane. As per cited guideline "no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity." Physical examination of the low back revealed negative SLR, 5/5 strength and normal sensory and motor examination. An indication or rationale for the use of a single point cane was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to this conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for Purchase of Single Point Cane is not medically necessary for this patient.