

Case Number:	CM15-0090931		
Date Assigned:	05/15/2015	Date of Injury:	09/25/2008
Decision Date:	06/18/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/11/2015

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: North Carolina, Georgia
 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 63 year old male, who sustained an industrial injury on 09/25/2008. She reported injuring his right knee. The injured worker is currently off work. The injured worker is currently diagnosed as having knee arthritis and lumbar spine degenerative disc disease. Treatment and diagnostics to date has included lumbar spine MRI which showed disc degeneration, Euflexxa injection, physical therapy, right knee MRI, right knee arthroscopy, lumbar spine MRI, and medications. In a progress note dated 04/14/2015, the injured worker presented with complaints of knee pain and states his back pain has been controlled. Objective findings include mild paraspinal tenderness and minimal discomfort with range of motion to the lumbar spine. The treating physician reported requesting authorization for physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 98-99.

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the request for 6 weeks of sessions 2 times a week exceeds the guideline recommendation for initial therapy without any submitted rationale for why more therapy would be needed. The original UR decision modified the request to 2 x 5 weeks to conform with guidelines. The request for 2 x 6 physical therapy sessions is not medically necessary and is denied.