

Case Number:	CM15-0092114		
Date Assigned:	05/18/2015	Date of Injury:	05/22/2001
Decision Date:	06/17/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/13/2015

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, Indiana, New York
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 53 year old male, who sustained an industrial injury on May 22, 2001, incurring low back injuries. He was diagnosed with lumbar disc degeneration. Treatment included anti-inflammatory drugs, neuropathic medications, proton pump inhibitor, pain medications, home exercise program and lumbar epidural steroid injection. Electromyography studies revealed lumbar radiculopathy. Currently, the injured worker complained of persistent lower back pain radiating into the left lower extremity. The treatment plan that was requested for authorization included twelve physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions physical therapy is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is status post left totally arthroplasty October 30, 2014. According to the documentation in the medical record, injured worker states he completed six physical therapy sessions status post TKA. Have been noted for a progress note dated March 6, 2015 states the injured worker completed 18 out of 18 physical therapy sessions. The documentation indicates the injured worker has progressed ambulation with knee mobility and strength steadily improving. The utilization review states the injured worker received a full complement of physical therapy according to the recommended guidelines. The injured worker is engaged in a home exercise program. There are no compelling clinical facts in the medical record indicating additional physical therapy (over and above the recommended guidelines) is clinically warranted. Consequently, absent compelling clinical documentation indicating additional physical therapy is warranted, 12 sessions physical therapy is not medically necessary.