

Case Number:	CM15-0095812		
Date Assigned:	05/22/2015	Date of Injury:	08/21/2014
Decision Date:	07/07/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old female, who sustained an industrial injury on August 21, 2014. Several documents included in the submitted medical records are difficult to decipher. He reported pain of the lumbar spine, left knee, and left ankle. The injured worker was diagnosed as having lumbar sprain and ankle sprain/strain. On January 12, 2015, electromyography/nerve conduction studies revealed findings consistent with chronic left sacral 1 radiculopathy. Treatment to date has included physical therapy, home exercises, acupuncture, and medications including anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory. On April 1, 2015, the injured worker complains of lumbar spine pain radiating to the left hip, which is rated 8/10. She complains of left shin pain that is rates 8/10 and left ankle pain that is rated 6/10. The physical exam revealed tenderness to palpation form lumbar 3-sacral 1, paraspinal, and gluteal region. There was mildly decreased lumbar range of motion. There was tenderness to palpation of the left shin and peripatella, and full left knee and left ankle range of motion. The injured worker is temporarily totally disabled. The treatment plan includes continuing physical therapy. The request is for 12 sessions of physical therapy for the left ankle, left hip, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy - 12 treatments (Left Ankle, Left Hip, Lumbar Spine): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for low back and left lower extremity pain. Treatments have included medications and case notes reference acupuncture and physical therapy treatments. When seen, there was decreased lumbar spine range of motion with lumbar paraspinal and gluteal muscle tenderness. There was left lower extremity knee tenderness. Notes reference a home exercise program. The claimant is more than six months status post injury and is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what would be needed to revise the claimant's home exercise program. The request is not medically necessary.