

Case Number:	CM15-0096640		
Date Assigned:	05/27/2015	Date of Injury:	04/06/1995
Decision Date:	06/25/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/19/2015

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 67 year old female, who sustained an industrial injury on 04/06/1995. The injured worker is currently off work. The injured worker is currently diagnosed as having multilevel degenerative disc disease to the lumbar spine, severe tri-compartmental osteoarthritis of the left knee, status post left total knee replacement, left knee partial patella tendon tear status post repair, spinal cord stimulator insertion, and status post lumbar decompression with fusion. Treatment and diagnostics to date has included left knee surgeries, physical therapy to left knee, lumbar surgery, and medications. In a progress note dated 04/20/2015, the injured worker is 3½ months post left total knee revision and states pain is much better but walking is limited due to low back pain. Objective findings include lumbar tenderness with limited range of motion and tenderness to left knee. 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 x 12 for the 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 has a remote history of a work injury occurring in April 1995 and underwent a left total knee replacement revision in January 2015. She had postoperative physical therapy. She was seen for follow-up of chronic low back pain. She had stable back pain without radiating leg symptoms. She was using a right ankle foot orthosis and a rolling walker. Her ankle dorsiflexion strength was slowly improving. Physical examination findings included a normal lumbar lordosis without muscle spasms. There was decreased lower extremity sensation. Authorization for 12 sessions of physical therapy for the lumbar spine was requested. The claimant is being treated for chronic pain. There is no new injury to the lumbar spine. 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. The request is not medically necessary.