

Case Number:	CM15-0097656		
Date Assigned:	05/28/2015	Date of Injury:	02/26/2008
Decision Date:	06/30/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/20/2015

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 58 year old female who sustained an industrial injury on 02/26/2008. Current diagnoses include status post blunt head injury, lumbosacral musculoligamentous strain/sprain with radiculitis, rule out lumbosacral spine discogenic disease, and left ankle strain/sprain. Previous treatments were not included. Previous diagnostic studies were not included. Initial injuries included her back, left foot, and headaches. Report dated 02/24/2015 noted that the injured worker presented with complaints that included headaches, back pain, and left foot/ankle pain. Pain level was not included. Physical examination was positive for head tenderness, lumbar spine tenderness with decreased range of motion, positive straight leg raise on right, left ankle tenderness with decreased range of motion, positive talar tilt, decreased deep tendon reflexes bilateral knees/ankles, decreased motor strength in the lower extremities, and decreased sensation in the left. The treatment plan included prescriptions for Tramadol, compound creams, interferential unit and hot/cold unit, and request for physical therapy. Disputed treatments include physical therapy, 2 times per week for 3 weeks for the lower spine and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 weeks to the lower spine and neck: Upheld

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

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) Low back section, Neck section; Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks to the lower spine and neck are 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 diagnoses are status post-blunt head trauma; lumbosacral musculoligamentous sprain/strain with radiculitis; rule out lumbosacral spine discogenic disease; and left ankle sprain/strain. The request for authorization is dated April 15, 2015. A non-requesting provider (for physical therapy) dates the most recent progress note in the medical record February 24, 2015. There is no contemporaneous progress note on or about the date of authorization (April 15, 2015). A progress note dated February 24, 2015 (by the non-requesting provider) subjectively states the injured worker complains of headaches, back pain left ankle and foot pain. There is no complaint regarding neck pain. Objectively, there is lumbar tenderness palpation, muscle spasms, positive straight leg raising a 45, left ankle tenderness. There is no cervical spine examination. The treatment plan has a recommendation for physical therapy evaluation and treatment of the lumbar spine left ankle two times a week for six weeks. Consequently, absent clinical documentation from the requesting provider (for physical therapy) and a clinical indication and rationale for physical therapy from the treating provider, physical therapy two times per week times three weeks to the lower spine and neck are not medically necessary.