

Case Number:	CM15-0098641		
Date Assigned:	06/01/2015	Date of Injury:	05/13/2013
Decision Date:	06/30/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/21/2015

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:

This is a 33 year old female with a May 13, 2013 date of injury. A progress note dated April 15, 2015 documents subjective findings (left knee pain; bilateral low back pain; left lower extremity weakness; right shoulder pain radiating to the right upper extremity; joint swelling of the right shoulder and left knee; joint tenderness of the right shoulder and left knee), objective findings (forward flexed body posture; decreased flexion and abduction of the right shoulder; decreased strength of the right shoulder; decreased grip strength of the right hand; joint swelling over the right glenohumeral; decreased strength of the left knee flexors and extensors; tenderness to palpation of the left knee joint), and current diagnoses (lumbar spondylosis with myelopathy; disorder of the right shoulder; patellar tendonitis, sacroiliac joint inflamed; hip pain; cervical spondylosis without myelopathy). Treatments to date have included knee injections (minimal relief), lumbar medial branch block (no relief), shoulder arthroscopy, postoperative physical therapy for the shoulder (symptoms much improved), cognitive behavioral therapy, magnetic resonance imaging of the lumbar spine (August 21, 2013; showed mild facet hypertrophy L4-5 and L5-S1), and medications. The treating physician documented a plan of care that included physical therapy for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 10 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6, page 225 and Official Disability Guidelines (ODG), Physical Therapy.

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, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 10 physical therapy sessions to the low back 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar spondylosis with myelopathy; disorder of shoulder; patellar tendinitis; sacroiliac joint inflamed; hip pain; and cervical spondylosis without myelopathy. A progress note dated April 15, 2015 states the treating provider had previously authorized 12 physical therapy sessions to the low back. The provider states the physical therapy expired. The injured worker did not receive prior physical therapy sessions to low back. The guidelines recommend a six visit clinical trial. The treating provider requested 10 physical therapy sessions to the low back. This is in excess of the recommended guidelines for six visit clinical trial. Consequently, absent compelling clinical documentation in excess of the recommended guidelines for six visit clinical trial, 10 physical therapy sessions to the low back are not medically necessary.