

Case Number:	CM15-0099400		
Date Assigned:	06/01/2015	Date of Injury:	03/07/2015
Decision Date:	07/08/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old female, who sustained an industrial injury on 03/07/2015. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical spine sprain/strain rule out herniated nucleus pulposus, lumbar sprain/strain rule out herniated nucleus pulposus, contusion to the head, and rule out bilateral knee degenerative joint disease. Treatment and diagnostic studies to date has included six physical therapy sessions, home exercise program, and medication regimen. In a progress note dated 04/16/2015 the treating physician reports complaints of moderate cervical and lumbar spinal pain that radiates to the bilateral upper trapezius and the bilateral thighs, along with complaints of bilateral thumb pain and weakness. The examination was revealing for decreased and partial range of motion, tenderness to the cervical spine and lumbar spine paraspinal muscles, and an antalgic gait. The treating physician noted that the injured worker completed at least six sessions of physical therapy, but the documentation did not indicate if the injured worker had any functional improvement or any improvement in the injured worker's level of pain. The treating physician requested 18 sessions of physical therapy to the lumbar spine, but the documentation did not indicate the specific reason for the requested therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine x 18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy (PT); Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Pain Outcomes and Endpoints Page(s): 98-99, 8-9.

Decision rationale: The patient presents with contusion of the head, bilateral knee pain, cervical and lumbar spine moderate pain radiating to the bilateral upper trapezius, and bilateral thumb pain with weakness. The patient is not post-surgical. The physician is requesting PHYSICAL THERAPY FOR THE LUMBAR SPINE X 18. The RFA dated 04/16/2016 shows a request for physical therapy 3 x per 6 weeks. The patient is currently on modified duty. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The 03/16/2015 physical therapy report notes that the patient's condition is the same. Her pain is 8-9/10. Physical therapy visit 6/6 dated 03/30/2015 documents that the patient's neck is feeling better. The rest of the report was illegible. Per the 04/16/2015 treatment report, the patient has an antalgic gait. Tenderness was noted in the cervical and lumbar spine paraspinals and joint lines. Range of motions is decreased. In this case, the patient has received 6 physical therapy visits recently with no documented functional improvement. MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain or improved quality of life. Given the lack of functional improvement while utilizing physical therapy the requested 18 sessions are not appropriate. Furthermore, the additional 18 visits would exceed guidelines. The request IS NOT medically necessary.