

Case Number:	CM16-0237844		
Date Assigned:	12/14/2016	Date of Injury:	10/20/2016
Decision Date:	01/12/2017	UR Denial Date:	12/05/2016
Priority:	Standard	Application Received:	12/12/2016

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 51 year old female who sustained an industrial injury on October 20, 2016. The patient is being treated for low back pain with sciatica, bilateral knee pain. Objective documentation showed October 30, 2016 the patient referred for physical therapy. November 05, 2016 reported #6 sessions physical therapy authorized. October 31, 2016 request for authorization for physical therapy 2x6. Medication regimen listed Methotrexate, Ibuprofen, Cyclobenzaprine and Nabumetone. Treatment rendered included diagnostic testing, activity modification, medication, consultation, physical therapy referral October 2016, and follow up. On December 01, 2016 a request was received for additional physical therapy 2x4 treating lumbar spine and knees that was noncertified by Utilization Review on December 05, 2016.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy two times four visits (8) for the lumbar and bilateral knees:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

Decision rationale: Regarding the request for additional physical therapy (PT), MTUS Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request would exceed the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Additional physical therapy two times four visits (8) for the lumbar and bilateral knees, is not medically necessary.