

Case Number:	CM13-0007514		
Date Assigned:	11/01/2013	Date of Injury:	01/25/2012
Decision Date:	01/24/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in physical medicine and rehabilitation, and is licensed to practice in California. 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 physician 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/services.

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 underlying date of injury in this case is 01/25/2012. The reference diagnosis is pain in joint. The mechanism of injury is that the patient was pulling wires on a trellis and slipped backwards onto his back on 01/25/2012. The patient was subsequently treated w physical therapy and antiinflammatories and made slow improvement. A treating physician note of 07/23/2012 indicates that x-rays had previously shown thoracic kyphosis with some age-appropriate disc degeneration. That followup note indicated that the patient was stationary and did not need additional medical treatment other than antiinflammatory medications and did not have permanent restrictions. As of 06/14/2013, a treating physician consultation report discussed the patient's diagnosis of thoracic sponpdylosis and noted that the patient had previously received 12 visits of physical therapy and had not been able to return to his pre-injury occupation. This treatment note recommended further physical therapy and possibly injection therapy as well as trial of topica capsaicin versus a functional restoration program. On 07/17/2013, a treating provider submitted an appeal regarding a prior utilization review decision. That treating physician note indicates that prior physical therapy produced no evidence of functional improvement, and there is no rationale for additional physical therapy. That appeal outlined the patient's treatment and the goal of his exhausting conservative care in order to return the patient to work and to minimize the need for invasive treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve additional physical therapy sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 32 and 98 - 99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine states, "Active therapy requires an internal effort by the individual to complete a specific exercise or task." Noted as well is that the Chronic Pain Medical Treatment Guidelines Section on Functional Restoration Programs, page 32, recommends such treatment only when "there is an absence of other options likely to result in significant clinical improvement." The medical records in this case, including the treating notes and the appeal note from the treating provider, are very detailed and outline past efforts to return the patient to work after a nonspecific injury with both physical and nonphysical factors precluding the patient's attempts at return to work as originally had been anticipated. The notes outline specific physical therapy goals with the intention of exhausting physical therapy prior to considering invasive treatment or a formal functional restoration program or work conditioning program. In this case, the treatment guidelines, including the guidelines for functional restoration or work conditioning, specifically recommend exhausting traditional physical therapy first. Additionally, the guidelines from numerous forms of invasive pain management recommend initial conservative treatment. The medical records document specific evaluative and therapeutic plans for physical therapy in order to attempt to return the patient to work or to exclude potential treatment options before proceeding with a functional restoration program or work conditioning program. These treatment notes and this clinical rationale is very much consistent with the treatment guidelines. To apply a rigid number of physical therapy visits in this case would not be consistent with the more overall guidelines regarding functional restoration and work conditioning and therapeutic benefits of return to work. The request for twelve additional physical therapy sessions is medically necessary and appropriate.