MAXIMUS Federal Services

Case Number:	CM13-0008217		
Date Assigned:	09/13/2013	Date of Injury:	01/08/2010
Decision Date:	01/16/2014	UR Denial Date:	07/28/2013
Priority:	Standard	Application Received:	08/07/2013

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 & 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 01/08/2010. The treating diagnoses including thoracic pain, lumbar sprain with facet involvement, and an element of depression and insomnia. A prior physician review notes that this patient is a 33-year-old man with chronic axial and appendicular complaints and most recently symptoms of pain in the upper back, mid back, low back, chest, left knee, and heel with related tenderness. Electrodiagnostic studies of the thoracic and lumbar spine of 11/03/2012 were within normal limits. Electrodiagnostic studies of 04/12/2013 showed a chronic left L3 radiculopathy. A prior physician reviewer noted that the patient had completed two physical therapy sessions to date. That reviewer modified a request for eight additional therapy sessions in order to instead allow four sessions. Prior treating physician notes of March 2013 indicate a plan at that time for physical therapy three times a week x 4 weeks. Physical therapy notes indicate the patient underwent an initial physical therapy evaluation on 06/10/2013 with a plan for treatment once a week x 4 weeks. Treating physician notes additionally indicate that this patient previously received passive treatment and physical therapy in the chiropractic treatment setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions, #8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: The MTUS Chronic Pain Guidelines, section on physical medicine, page 99, state, "Allow for fading of treatment frequency plus active self-directed home physical medicine." This patient has received substantial treatment previously and would be anticipated to have transitioned to an independent home rehabilitation program by this time according the MTUS Chronic Pain Guidelines. If further supervised therapy instead is desired, the records should document a rationale as to why the patient needs additional supervised rather than independent therapy and what the specific methods and goals would be for such additional therapy. The records do not provide such detail. The records suggest that at this time the patient would be able to continue in an independent home rehabilitation program. The request for a series of 8 physical therapy sessions is not medically necessary and appropriate.