

Case Number:	CM13-0014835		
Date Assigned:	06/06/2014	Date of Injury:	01/14/2010
Decision Date:	07/23/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/22/2013

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. The expert 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 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/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:

This 49 year-old patient sustained an injury on 1/14/10 from moving a sofa while employed by [REDACTED]. Request under consideration includes 12 physical therapy sessions. Diagnoses include Lumbar region sprain/L4-5 degeneration with lateral stenosis. Conservative care has included physical therapy, medications, modified activities/rest, H-Wave, and lumbar epidural steroid injection on 10/24/12. MRI of the lumbar spine in May 2011 showed broad-based disc protrusion at L4-5 with mild central bilateral foraminal narrowing. The patient is s/p left knee arthroscopy in June 2010. Current medications list Ibuprofen, Cymbalta, and Omeprazole. Report of 7/25/13 from the provider noted patient with muscle pain and cramps along with joint pain associated with numbness and tingling. Exam showed diffuse numbness in both lower extremities; motor strength of 5/5 with DTR 2+ symmetrically; and positive SLR in both legs. The patient has completed at least six physical therapy sessions from December to January 2013 without documented benefit. Report of 9/30/13 noted patient with unchanged constant left knee and lower back pain radiating into bilateral legs. Exam noted restricted range in low back and knee with tenderness. Treatment included continuing medications. The report dated 10/22/13 from the provider reports unchanged symptom complaints and clinical findings with recommendation for multiple compound topical medications. The request for 12 physical therapy sessions was non-certified on 8/12/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS: Upheld

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 Therapy, pages 98-99, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks.

Decision rationale: Submitted reports show no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many PT sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The 12 physical therapy sessions are not medically necessary and appropriate.