MAXIMUS Federal Services

Case Number:	CM13-0020602		
Date Assigned:	10/11/2013	Date of Injury:	09/26/1997
Decision Date:	01/23/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/05/2013

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 Pain Management 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 injured worker is a 75-year-old male with a date of injury of September 26, 1997. The diagnosis for this patient includes lumbar degenerative disc disease, facet syndrome of their lumbosacral spine, plantar fasciitis, lumbar radiculopathy, and lumbar musculoligamentous injury. The requesting healthcare provider documents in a progress note on date of service July 11, 2013 that the patient's "physical examination remains unchanged." There is commentary on the utilization review outcome. In the subjective heading, there is the statement that the patient has "the same symptoms noted previously." The disputed issue is a request for 16 sessions of physical therapy in the form of myofascial release. The rationale for the denial of physical therapy by the utilization reviewer involved in this case is that there is "no specific documentation of functional impairments which require treatment with physical therapy in an active form."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 8 weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Physical Medicine Guidelines.

MAXIMUS 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), Lumbar Chapter Physical Therapy.

Decision rationale: In the case of this injured worker, the low back pain is a chronic injury. The California Medical Treatment and Utilization Schedule and Official Disability Guidelines recommend a course of active physical therapy with transition to self-directed home exercises. Given the chronicity of injury, this patient should have had prior physical therapy. This information on prior physical therapy is not available for review. In fact, this information is critical to consideration of the current request for physical therapy because the official disability guidelines specify for a recommended number of visits of physical therapy depending on a patient's diagnosis. Moreover, the outcome of previous physical therapy in terms of analgesic efficacy and functional benefit are crucial to justifying additional sessions of physical therapy. Given the lack of discussion of the benefit of prior physical therapy, the current request for 16 PT sessions is recommended for noncertification.