

Case Number:	CM13-0023833		
Date Assigned:	11/15/2013	Date of Injury:	08/29/2003
Decision Date:	07/23/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/12/2013

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 Orthopaedic Surgery 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:

The 6/21/13 treating physician report stated that the patient was approved for 2 of the 6 physical therapy sessions requested. Physical exam findings documented diffuse posterior cervical and bilateral lumbar tenderness. The patient was diagnosed with cervical spondylosis and lumbar degenerative joint disease. Physical therapy 2 times per week for 3 weeks was requested. The 7/29/03 treating physician report cited complaints of low back pain radiating to his neck with occasional numbness. The patient was essentially unchanged in his symptoms. There was lumbar tenderness. The patient was using Norco twice a day with 60% temporary relief. The patient had not attended to 2 authorized sessions of physical therapy yet. The treating physician opined that would not be sufficient enough for him to improve. The recommendation was for supervised physical therapy for 6 weeks. The 8/20/13 treating physician report stated there was no change in symptoms or physical exam. The diagnoses were cervical spondylosis and lumbar degenerative joint disease. The patient was prescribed Voltaren, Norco, and Neurontin. The 8/30/13 utilization review denied the request for 12 sessions of physical therapy for the lumbar spine. The patient had been authorized for 2 sessions and had not yet attended them. There were no instructions, goals, or expectations for the proposed physical therapy. If there were significant functional deficits that needed to be addressed following the 2 authorized visits, a new request could be made. The 9/17/13 treating physician appeal letter stated that the patient was experiencing pain and continued to have the same symptoms. Rehabilitation plays an important role in getting the patient back to his daily activities and for treatment to succeed. Physical therapy will help stabilize him and he needs the full course without interruptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy for the lumbar spine: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. There is no documentation of functional treatment goals for the requested physical therapy. There is no functional assessment or specific functional deficit identified. Clinical exam findings were limited to cervical and lumbar tenderness. There was no range of motion, strength, or neurologic deficits. A current authorization is noted for two visits to provide home exercise program instruction and follow-up. Two visits would also allow development of specific functional treatment goals to support the medical necessity of additional treatment. Therefore, this request for twelve sessions of physical therapy for the lumbar spine is not medically necessary.