MAXIMUS Federal Services

Case Number:	CM13-0055755		
Date Assigned:	12/30/2013	Date of Injury:	05/12/1995
Decision Date:	04/25/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/21/2013

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 Internal Medicine 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 claimant is a 56-year-old male with date of injury on 05/12/1995; this resulted in significant back pain. Minimal notes are available for review; the most recent note is dated 01/04/2013 and states the patient is on chronic long acting morphine and methadone. There is a physician's order for physical therapy from a note on 08/07/2013 requesting 2-3 times a week for 6 weeks of physical therapy and functional capacity evaluation and a fax dated 10/24/2013 with the coversheet stating new RX (prescription), please authorize more PT(physical therapy). There is mention of prior physical therapy as part of the treatment regimen taking place since the injury; however, there are no reports of outcome with respect to prior physical therapy. The current request is for lumbar physical therapy of unknown duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: The claimant has chronic back pain since the date of injury in 1999. There is no documentation of prior treatment outcomes, either functional or medication wise. Current regimen consists of high-dose opioids. Physical therapy was requested in August 2013 for 2-3 times a week for six weeks. There is no documentation in any of the available notes to suggest any objective improvement or documentation of the physical therapy in general. Prior physical therapy is alluded to in notes as well and again, no clear documentation as to how the patient responded to prior treatment. Given the lack of any documentation from prior physical therapy sessions as to outcome or specific improvement, it is not clear that more physical therapy will be helpful. As such, guidelines are not met, and the physical therapy is not medically necessary.