

Case Number:	CM13-0066821		
Date Assigned:	01/03/2014	Date of Injury:	04/15/2010
Decision Date:	10/07/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/17/2013

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 patient sustained an injury on 4/15/10 while employed by [REDACTED]. Request(s) under consideration include physical therapy 2x/week for 6 weeks. Diagnoses include lumbar sprain/strain/ L5-S1 disc disease/ radicular component; and right sacroiliitis. Report of 10/29/13 from the provider noted the patient with excellent results from right SI joint radiofrequency neurotomy procedures with decreased Vicodin intake and became more active. Exam showed more muscle spasm from increased activity; mildly antalgic gait; lower back tenderness with painful range of motion; no gross motor or sensory deficits seen in lower extremities. Therapy was recommended for lumbar sacral dysfunction. Review indicated the patient with previous PT of at least 18 sessions. The request(s) for physical therapy 2x/week for 6 weeks was modified for 6 sessions on 12/4/13 for post right SI joint RFA 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 sessions of physical therapy: Upheld

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

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

Decision rationale: This patient sustained an injury on 4/15/10 while employed by [REDACTED]. Request(s) under consideration include physical therapy 2x/week for 6 weeks. Diagnoses include lumbar sprain/strain/ L5-S1 disc disease/ radicular component; and right sacroiliitis. Report of 10/29/13 from the provider noted the patient with excellent results from right SI joint radiofrequency neurotomy procedures with decreased Vicodin intake and became more active. Exam showed more muscle spasm from increased activity; mildly antalgic gait; lower back tenderness with painful range of motion; no gross motor or sensory deficits seen in lower extremities. Therapy was recommended for lumbar sacral dysfunction. Review indicated the patient with previous PT of at least 18 sessions. The request(s) for physical therapy 2x/week for 6 weeks was modified for 6 sessions on 12/4/13. 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, 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. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions of at least 18 visits with 6 recently authorized without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom to support for continued formal PT in a patient that has been instructed on a home exercise program for this chronic 2010 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The physical therapy 2x/week for 6 weeks is not medically necessary and appropriate.