

Case Number:	CM14-0000880		
Date Assigned:	01/22/2014	Date of Injury:	01/29/2012
Decision Date:	04/22/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/02/2014

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 36 year-old patient sustained an injury on 1/29/12 while employed by [REDACTED]. Request under consideration include Outpatient physical therapy 2xweek x 6 weeks for low back. Diagnoses list disorders of sacrum and sciatica. Report of 11/25/13 from the provider noted patient with continued low back pain; had scheduled SI joint injection on 2/12/13 but was canceled due to pregnancy; she has delivered and is currently breast feeding limiting her medication usage with pain rated as 8-9/10 on VAS. EMG of bilateral lower extremities on 10/29/12 was a normal study without evidence of lumbar radiculopathy or neuropathy. MRI of the lumbar spine on 4/5/12 showed mild facet arthrosis at L3-5. Exam showed slow antalgic gait; lumbar spine with range of flex/ext/lateral bending of 40/10/15 degrees; intact bilateral lower extremities sensation; negative SLR; spasm and guarding; 5/5 motor strength throughout lower extremity muscles. Request for physical therapy 12 sessions above was non-certified on 12/3/13 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:

OUTPATIENT PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR LOW BACK: Upheld

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

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

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, physical therapy 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, 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. 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 no clear measurable evidence of progress with previous PT including milestones of increased ROM, strength, and functional capacity. Provider's dated report has no documentation of new acute injury or flare-up to support for formal PT as the patient should continue his previously instructed independent home exercise program. Clinical exam of the low back indicates some tenderness; otherwise is unremarkable without neurological deficits or change in medical condition. The patient has received PT previously for this January 2012 without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for formal PT has not been established. The Outpatient physical therapy 2 x week x 6 weeks for low back is not medically necessary and appropriate.