

Case Number:	CM14-0003766		
Date Assigned:	02/03/2014	Date of Injury:	12/27/2007
Decision Date:	06/20/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/10/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 33 year old female who had a work injury dated 12/27/07. Her diagnoses include status post lumbar spine decompressive surgery and status post MRSA related irrigation and debridement with ongoing spine and lower extremity complaints, chronic pain syndrome, morbid obesity, ongoing right foot complaints. An 11/27/13 primary treating physician progress report stated that the patient has ongoing back pain that she rates a 4/10 on the pain scale. Since her last visit, she has had persistent pain complaints that are unchanged. She continues to have difficulty with her activities. On examination, her gait is mildly antalgic due to the right foot complaints. She does have tenderness to palpation of the lumbar spine. The ROM of the lumbar spine is limited in all pl.nes. The posterior lumbar surgical site is clean, dry, and intact with no ecchymoses, erythema, or indurations noted today. She has diminished sensation of the right L4, L5, and S1 dermatomes. Her motor exam is limited by pain. The treatment plan includes a request for PT for her at two times a week for six weeks to address her deconditioned state and aid in her weight loss. There is a 7/11/13 document that states that she has had several sessions of physical therapy, and also she says she has had several sessions of chiropractic and acupuncture care that have not helped her back pain much.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS: 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): 98-99.

Decision rationale: Twelve (12) physical therapy sessions are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation states that patient has had several sessions of prior physical therapy. There is no documentation of significant functional improvement from prior therapy sessions. The request for twelve physical therapy sessions is not medically necessary.