

Case Number:	CM14-0004854		
Date Assigned:	01/24/2014	Date of Injury:	01/31/2008
Decision Date:	05/29/2014	UR Denial Date:	12/09/2013
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 and 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 63-year-old female who has a date of work injury 1/31/08, which involved her low back. Her diagnoses have included cervical sprain, deQuervain's left thumb (resolved), left carpal tunnel syndrome, lumbar degenerative disc disease, and pain in her left shoulder. There is a request for physical therapy for 6 sessions to the lumbar spine. The 10/29/13 primary treating physician progress report is handwritten and difficult to read, which has limited documentation on it. The subjective complaints are low back pain. The objective findings are (illegible). The diagnoses include lumbosacral disc degeneration. The treatment plan includes recommended 6 physical therapy sessions for the low back. Per documentation submitted, the last orthopedic Agreed Medical Examiner (AME) on 01/12/10 notes that the patient is Permanent and stationary (P&S) for her cumulative trauma injury since 10/05/04 and recommended future treatment should include physician visits, physical therapy for flare ups, and medications as needed. Also in the documentation it states that the last certification for physical therapy was provided for 6 sessions in 2008.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR 6 SESSIONS TO 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
FUNCTIONAL RESTORATION PROGRAM, Functional Restoration Approach to Chronic
Pain Management Page(.

Decision rationale: The MTUS guidelines state that when a treatment is provided for a patient it is important to design a treatment plan that explains the purpose of each component of the treatment. Furthermore, demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to justify continued treatment. The documentation submitted does not support the need for physical therapy. There are limited objective findings on physical examination and there is no demonstration of a treatment plan. The MTUS states to allow for fading of treatment frequency of physical medicine (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Without documentation of a treatment plan or documentation supporting the need for therapy the request for physical therapy 6 sessions lumbar spine is not medically necessary.