

Case Number:	CM14-0100690		
Date Assigned:	09/16/2014	Date of Injury:	02/01/2010
Decision Date:	11/04/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational 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:

There were 68 pages provided for this review. The application for independent medical review was signed on June 25, 2014. The request was for physical therapy three times a week for four weeks for the lumbar spine. Per the records provided, the patient had a flare-up as of June 11, 2014 of the left postsurgical knee, and it in turn reportedly aggravated the lower back pain that radiated down the left leg to the big toe with numbness and tingling. The symptoms were increased. The patient's knee condition was improved with conservative care. The pain was rated as nine out of ten on the pain scale, and it constantly radiates down into the left leg to the big toe with numbness and tingling. It was aggravated by prolonged standing, stair climbing and prolonged walking. The pinwheel sensation was normal over L4-S1 dermatomes except that L4 was decreased on the left. Range of motion of the dorsal lumbar flexion was diminished. The treatment plan included physical therapy three times a week for four weeks. The injury was reportedly sustained from standing eight hours a day. Current medicines were not documented. The patient was noted to have had an undocumented total number of visits to physical therapy. It was determined by the utilization review done on June 18, 2014 that the request was within the guidelines when partially certified, so it was modified from twelve sessions of physical therapy (PT) down to six. The Chronic Pain guidelines were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x per week x 4 weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 06/10/14) Physical Therapy PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 of 127.

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active, self-directed, home-based physical medicine. The conditions mentioned are myalgia and myositis, unspecified: 9-10 visits over 8 weeks; neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeks; and reflex sympathetic dystrophy (CRPS): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over-treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They state: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient... Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general... A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization." No objective, functional improvement was noted out of the past therapy. This request for more skilled, monitored therapy is not medically necessary.