MAXIMUS Federal Services

Case Number:	CM14-0013777		
Date Assigned:	02/26/2014	Date of Injury:	01/09/1988
Decision Date:	08/19/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/03/2014

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 has a subspecialty in Pain Management 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:

This is a 57-year-old male with a 01/09/1988 date of injury. A specific mechanism of injury was not described. Status post L5-S1 lumbar fusion in 1999. On the 1/6/14 UR, certification was rendered for 8 water therapy visits, and non-certification for 8 physical therapy visits. The reasons for non-certification the physical therapy included that 8 sessions of aquatic therapy were certified and upon completion of those sessions, additional land therapy may be analyzed. It is noted that no therapy has been completed since 2012. A qualified medical evaluation from 4/22/13 by [redacted] recommended periodic physical therapy for the lumbar spine. A 12/1/13 progress report identified increasing axial back and left leg radicular pain and numbness, most of that above the knee, rated at times at 7/10. An exam revealed 80% range of motion with some L5 hypoesthesia. Updated rehab physical therapy was requested given that the patient was getting close to two years from having last done.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 114.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. The patient has a date of injury of 1988 with a lumbar fusion in 1999. The patient continued with axial pain and some radicular symptoms. It was noted that the patient had not completed any therapy since 2012. In that context, an initial trial of therapy would be appropriate. However, at the time of the prior determination 8 sessions of aqua therapy were certified. There was no rationale indicating the necessity of aqua therapy and land therapy performed concurrently. Additional land therapy was not medically necessary.