MAXIMUS Federal Services

Case Number:	CM14-0015585		
Date Assigned:	03/03/2014	Date of Injury:	08/17/2012
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/06/2014

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 and is licensed to practice in Texas. 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 injured worker is a 65 year old male with a reported date of injury on 08/17/2012. The injured worker complained of neck, upper back, bilateral shoulders, elbows, and bilateral knees pain. The MRI dated 09/25/2012 revealed a 2 mm bilateral disc bulge at L3-4, a 5 mm disc bulge at L4-5, and a 4 mm disc bulge at L5-S1. The injured worker's diagnoses included cervical spondylosis with radiculopathy, bilateral shoulder impingement, bilateral elbow lateral epicondylitis, status post lumbar decompression L4-5 and L5-S1, bilateral knee sprain, and chronic ankle sprain. The injured worker's medication regimen was not included within the documentation available for review. According to the clinical note dated 01/10/2014, the injured worker previously attended 18 sessions of physical therapy. The physician noted that the rationale for the additional physical therapy was because previous physical therapy was not sufficient related to the injured worker's symptoms. The Request for Authorization of physical therapy for the lumbar spine-twelve (12) visits (two (2) times a week times six (6) weeks) was submitted on 02/03/2014. The clinical information provided for review did not included objective findings related to the injured worker's range of motion or functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LUMBAR SPINE-TWELVE (12) VISITS (TWO (2) TIMES A WEEK TIMES SIX (6) WEEKS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, physical medicine is recommended. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. The MTUS Chronic Pain Guidelines recommend 8-10 visits over a 4 week period. According to the clinical documentation dated 01/10/2014, the injured worker has completed 18 sessions of physical therapy. The request for an additional 12 physical therapy visits would exceed the recommended number of visits by the MTUS Chronic Pain Guidelines. Although the physician's rationale was that the previous number of physical therapy visits was insufficient, as related to the injured workers symptoms, there is a lack of documentation demonstrating objective clinical information related to the injured worker's range of motion. The documentation provided for review lacks objective clinical findings of increased functional ability related to previous physical therapy and the anticipated goals for additional therapy. Therefore, the request is not medically necessary and appropriate.