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| Case Number: | CM14-0017077 | | |
| Date Assigned: | 04/14/2014 | Date of Injury: | 02/17/2012 |
| Decision Date: | 05/30/2014 | UR Denial Date: | 02/04/2014 |
| Priority: | Standard | Application Received: | 02/11/2014 |

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 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:

The injured worker is a 49 year old female with a date of injury on 2/17/2012. Patient has diagnoses of degenerative facet disease, spinal stenosis, and lumbar radiculopathy. The disputed issues are for continued physical therapy 3x4 for lumbar spine. A utilization review determination on 2/14/2014 had modified the request to 2 sessions of physical therapy instead. The stated rationale for the modification was due to insufficient evidence of functional improvement from prior physical therapy of 22 sessions, and that 2 additional sessions may help reinforce a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL PHYSICAL THERAPY VISITS 3 X 4 FOR 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 section on Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: With regard to physical therapy, the MTUS Chronic Pain Guidelines states the following on pages 98-99, "Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical

Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." As mentioned above, the MTUS Chronic Pain Guidelines indicate formal physical therapy should be tapered until a patient is able to do self-directed home exercises. The Official Disability Guidelines recommends in general 10-12 sessions of physical therapy as the recommended time course more specific to her diagnoses of lumbar radiculopathy. The medical records provided for review indicate the patient has completed a full course previously and only had "minor improvement" as documented in a progress note on July 30, 2013. Given that the patient has already completed extensive physical therapy, the patient should be well versed in a home exercise program, and the request is not medically necessary and appropriate.