

Case Number:	CM14-0018054		
Date Assigned:	04/16/2014	Date of Injury:	12/11/2013
Decision Date:	06/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/12/2014

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 Pain Management 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:

This is a patient with a date of injury of 12/11/13. A utilization review determination dated 1/13/14 recommends non-certification of physical therapy, noting that there had been a prior course of PT with no documentation of efficacy. 1/15/14 medical report identifies low back pain and intermittent left foot pain. Patient reports 40-50% improvement with previous PT. On exam, there is increased tone and tenderness about the paralumbar musculature, muscle spasms, tenderness on the proximal metatarsal joint on the left, with slightly restricted ROM and weakness in the ankle. 6 sessions of prior PT were noted and a request was made for 8 additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TREATMENT: 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 GUIDELINES, 98-99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 20.

Decision rationale: Regarding the request for eight physical therapy sessions, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of 6 prior PT sessions with 40-50% of unspecified improvement noted by the patient, but there is no documentation of specific objective functional improvement (such as ROM, strength, endurance, etc.) with the previous sessions. The remaining deficits appear to be mild in nature and there is no documentation as to why they cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury, and the current request appears to be for 8 additional sessions beyond the 6 sessions already completed. In light of the above issues, the currently requested eight physical therapy sessions are not medically necessary.