

Case Number:	CM14-0111615		
Date Assigned:	08/01/2014	Date of Injury:	02/08/1998
Decision Date:	09/09/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/17/2014

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 Interventional Spine 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 patient is a 64 year old female with date of injury 2/8/98 that occurred as a result of a slip and fall injury. The treating physician report dated 7/9/14 has no subjective complaints or objective findings in the report. The plan states, "I need authorization for the following per attached Report dated 6/23/14 from the physical therapist: Continued PT 1x4 weeks due to her excellent response to care." The 6/23/14 report was not found in the medical records provided. A physical therapy initial post-op report dated 1/3/14 states that the patient is s/p spinal fusion L4/5 with laminectomy at L5/S1 on 9/4/13 with care initiated at 3x6. The current diagnoses listed are: 1.Cervical S/S2.Thoracic S/S3.Lumbar S/SThe utilization review report dated 7/16/14 denied the request for 4 physical therapy sessions based on the rationale that the patient had previously completed 42 post-operative PT sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 4 sessions for the right ankle, thoracic spine, cervical and lumbar spine):
Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine pages 98-99.

Decision rationale: The patient presents 10 months post lumbar fusion surgery with current diagnosis of cervical, thoracic and lumbar sprain/strain. The current request is for Physical Therapy 4 sessions for the right ankle, thoracic spine, cervical and lumbar spine. The treating physician does not document any previous functional improvement with the previous PT sessions that were performed post surgically. Review of the utilization review report states that the patient has completed 42 sessions of PT in the past 10 months with the MTUS post-surgical guidelines allowing for 34 visits over 16 weeks. The MTUS guidelines allow 8-10 therapy visits for myalgia, myositis, neuralgia or radiculitis. The current request lacks rationale for additional physical therapy treatments such as a new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically understand the need for additional therapy at this juncture. Recommendation is for not medically necessary.