

Case Number:	CM14-0111756		
Date Assigned:	08/27/2014	Date of Injury:	01/10/1982
Decision Date:	10/02/2014	UR Denial Date:	07/11/2014
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 & 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:

This 62 year-old patient sustained an injury on 1/10/1982 while employed by [REDACTED]. Request(s) under consideration include 16 Physical therapy sessions to the lumbar spine. Report of 3/13/13 from orthopedic provider noted the patient with severe low back pain s/p L2-S1 decompression and fusion on 9/13/10; surgery extended proximally on 12/19/11; Removal of battery pack and electrode wire on 5/28/12; s/p repair of fractured rod at thoracolumbar junction on 10/23/12. Pain was constant with left leg pain, unable to perform activities. Medications list Norco, Elavil, Neurontin, Baclofen, and Ambien. Exam showed well-healed incision; 5/5 motor strength throughout right and 4+/5 on left with intact sensation in all dermatomes; DTRs 1+ bilateral ankles. Diagnoses included s/p T9-L5 fusion; Kyphotic deformity with failed hardware. Treatment recommendation included pedicle subtraction osteotomy likely at L3. On 5/30/13, the patient underwent T4-pelvis spinal fusion with L3 pedicle subtraction osteotomy. Report from physical therapist dated 5/6/14 noted the patient with less pain with usual activities, but finding sit to stand and getting out of bed difficult, unable to wash his feet or put on socks and shoes. Exam comparison findings of 1/14/14 to 5/6/14 showed minimal improvement of six PT visits with unchanged pain rating of 3-4/10 with continued passive modalities of ultrasound, ice/heat, stretching and soft tissue mobilization. Report of 5/30/14 from the provider noted the patient with ongoing chronic severe back pain rated at 6/10 s/p spinal fusion with hardware removal with subsequent kyphotic deformity. Exam was unchanged compared to report of 3/13/13 with 5/5 motor strength on right and 4+/5 on left lower extremity with intact sensation and 1+ DTRs at ankles. Treatment included continued PT. Review indicated the patient has had total of at least 48 PT sessions since December 2013 without functional change. The request(s) for 16 Physical therapy sessions to

the lumbar spine was non-certified on 7/11/15 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Physical therapy sessions to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

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

Decision rationale: Review indicated the patient has had at least 48 PT sessions since December 2013 without functional change. The request(s) for 16 Physical therapy sessions to the lumbar spine was non-certified on 7/11/15. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints or clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 16 Physical therapy sessions to the lumbar spine is not medically necessary and appropriate.