

Case Number:	CM14-0114694		
Date Assigned:	08/04/2014	Date of Injury:	08/01/2001
Decision Date:	09/12/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/22/2014

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 Illinois. 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 62-year-old male who reported injury on 08/01/2001. The mechanism of injury was not documented in the submitted report. The injured worker has diagnoses of lumbosacral spondylosis without myelopathy/sciatica. The injured worker's past medical treatment consists of manual lumbar traction, STIM unit, home exercise program, manual therapy, neuromuscular re-education, therapeutic exercise, body mechanics education, physical therapy and medication therapy. An MRI of the lumbar spine was taken in 2011 to rule out herniation. The injured worker underwent lumbar spine surgery in 2003. The injured worker complained of back pain that radiated up into his neck. The injured worker also complained of pain in the right knee. There are no measureable pain levels documented in the submitted report. Physical examination dated 05/05/2014 revealed that there were no acute neuro changes. There was no gross instability. The exam also revealed tenderness to the lower spine with spasm. 60% range of motion. Medications include lidocaine patch and ibuprofen 800 mg. The treatment plan is for the injured worker to receive physical therapy 3 times a week for 6 weeks. The rationale was not submitted for review. The Request for Authorization form was submitted on 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three (3) times weekly for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for Physical therapy three (3) times weekly for six (6) weeks is non-certified. The injured worker also complained of pain in the right knee. There are no measureable pain levels documented in the submitted report. The California MTUS states that physical medicine with 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Treatment is recommended with a maximum of 9 visits to 10 visits for myalgia and myositis and 8 visits to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The injured worker had received prior physical therapy. There was no documented evidence of how many sessions of the approved 10 sessions the injured worker had completed. There was no evidence of functional improvements with the program in progress as a result of prior physical therapy. It was also unclear as to when the injured worker received the physical therapy. The MTUS Guidelines recommend a short course of physical therapy as an optimal form of treatment. The submitted request is for 18 sessions, exceeding the recommended MTUS Guidelines. Based on the lack of objective evidence of functional improvement with previous visits, the medical necessity for additional physical therapy cannot be established.