

Case Number:	CM14-0128384		
Date Assigned:	08/15/2014	Date of Injury:	01/12/2011
Decision Date:	09/25/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/12/2014

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 & 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 is a patient with a date of injury of January 12, 2011. A utilization review determination dated August 6, 2014 recommends noncertification of physical therapy X 12 sessions. A progress report dated July 30, 2014 identifies subjective complaints of right sided low back pain. No objective examination was performed. Diagnoses include bilateral L5 spondylosis, L4-L5 spondylosis, and status post anterior/posterior spinal fusion L4-S1. The treatment plan recommends a course of physical therapy. A progress note dated May 28, 2014 identifies subjective complaints indicating that the patient had a flareup but the pain is improving. The patient is working with restrictions. Physical examination findings reveal limited range of motion in the lumbar spine with normal strength and sensation in his lower extremities. The treatment plan recommends tramadol and Percocet. A progress note dated July 30, 2014 indicates that the patient has improved significantly over the last 2 weeks while attending physical therapy. Physical examination findings reveal "range of motion is improving." The patient has full strength and sensation in the lower extremities. The note recommends 12 additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear how many therapy sessions the patient has already undergone. Therefore, it is impossible to determine if the currently requested number exceeds the maximum number recommended by guidelines when added to the number of previously completed therapy sessions. Furthermore, there is no specific documentation of objective functional improvement from the therapy sessions already provided. Additionally, there is no documentation of any remaining objective treatment goals supported by physical examination findings. Finally, there is no statement indicating why any remaining objective functional deficits would be unable to be addressed with an independent program of home exercise. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.