

Case Number:	CM14-0137227		
Date Assigned:	09/05/2014	Date of Injury:	11/07/1983
Decision Date:	12/17/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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 Medicine 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 November 7, 1983. A utilization review determination dated August 14, 2014 recommends noncertification of physical therapy. A progress report dated May 21, 2014 identifies subjective complaints of ongoing mild back discomfort and leg weakness on the right. The note indicates that the patient has "improved" with PT however would like to continue his progress. Physical examination reveals normal strength in the lower extremities and diminished sensation of the thigh and right foot to the left. Diagnoses include lumbar stenosis, lumbar disc displacement, radiculopathy. The treatment plan recommends starting pool therapy and 12 sessions of physical therapy. A progress report dated April 11, 2014 indicates that physical therapy has been helpful. A therapy report dated February 5, 2014 seems to indicate that the patient has significant right quadriceps weakness, hip flexor weakness, and tibialis anterior weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy once a week for six weeks 6, for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EBM

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. 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 10 therapy visits for enter vertebral disc disorders and lumbar radiculopathy. 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, there is documentation of completion of prior PT sessions, but there is no documentation of specific remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with additional formal supervised therapy. Finally, it is unclear how many aquatic/physical therapy sessions the patient has already undergone, making it impossible to determine if the patient has already completed the recommended number of therapy sessions. In light of the above issues, the currently requested additional physical therapy is not medically necessary.