

Case Number:	CM14-0150039		
Date Assigned:	09/18/2014	Date of Injury:	11/02/2011
Decision Date:	10/17/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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 Management 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 male patient with a date of injury of November 2, 2011. A utilization review determinations dated August 19, 2014 recommends noncertification of physical therapy for multiple body parts for 12 sessions with modification to 10 sessions. A progress note dated July 31, 2014 identifies subjective complaints of ongoing pain in the back, pelvis, and weakness and hypoesthesias down the left leg. Physical examination reveals tenderness at the L5 - S1 level as well as the superior iliac crest, tenderness along the left sacroiliac joint, tenderness along the left sciatic notch as well as the left ischium, lumbar spine forward flexion is 30, lumbar spine extension is 20, he has an antalgic limp on the left side, the patient is unable to walk on his toes or heels due to pain and weakness on the left side, left-side lower extremity motor strength is 4/5, bilateral Achilles deep tendon reflexes 0+, decreased sensation along the left lower extremity, and straight leg raise is 80 on the right and 60 on the left. Diagnoses include cervical sprain/strain, thoracolumbar sprain/strain, prior L2 burst fracture status post L2 corpectomy and L1-3 fusion, possible adjacent level disease L3-4, bilateral lower extremity fractures, status post open reduction and internal fixation (ORIF) formed right medial malleolus fracture, status post ORIF of left tib-fib fracture, left lower extremity neurologic deficit of unknown etiology, left sided sacroilitis, and facet arthrosis at L4-L5 with annular tear at L4-L5 and L5-S1. The treatment plan recommends a request for authorization for an electromyography/nerve conduction study (EMG/NCV) of bilateral lower extremities, evaluation by a neurologist, and a formal course of physical therapy 2 times a week for 6 weeks with emphasis on core strengthening, trunk stabilization, muscle strengthening and soft tissue release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for multiple body parts: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Physical Therapy Guidelines-Lumbar Sprains and Strains.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 298, 173, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy; Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy for multiple body parts for 12 sessions, 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 6 visits 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. The current number of requested visits exceeds the number recommended as a trial, by guidelines. As such, the current request physical therapy for multiple body parts for 12 sessions is not medically necessary.