

Case Number:	CM14-0163092		
Date Assigned:	10/08/2014	Date of Injury:	03/18/2013
Decision Date:	10/31/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/03/2014

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 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 59 year-old patient sustained an injury to the neck and back on 3/18/13 from lifting boxes while employed by [REDACTED]. Request(s) under consideration include Physical therapy 1x6 low back. Diagnoses include spinal stenosis. The patient has 12 PT sessions certified between May and July 2013. Report of 2/10/14 from the provider noted the patient with persistent neck and back pain; had recently completed 3 physical therapy treatments which made his pain worse and the patient stopped PT. Exam showed limited lumbar range; positive tenderness at lumbar region, bilateral trapezius with painful limited cervical range of motion. There was previous IMR determination to upheld denial for additional PT. Report of 9/4/14 from the provider noted the patient with improved symptoms; had 4 sessions of PT approved. The patient continues with low back complaints. Exam showed normal gait; full lumbar range with intact motor and sensory and motor findings. Medication refills included Hydrocodone, Tramadol, and Ibuprofen with continued PT for 6 sessions. The request(s) for Physical therapy 1x6 low back was non-certified on 9/22/14 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:

Physical therapy 1x6 low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: 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 deficits to support for further PT treatment beyond extensive sessions already rendered. Review of submitted reports had patient stopping PT due to increased pain from treatment. Clinical reports submitted also had no focal neurological deficits or ADL limitation to support for further PT treatment. 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 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. The Physical therapy 1x6 low back is not medically necessary and appropriate.