

Case Number:	CM14-0171068		
Date Assigned:	10/23/2014	Date of Injury:	05/26/2012
Decision Date:	11/21/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/16/2014

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 Family 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 39- year woman reported pain in her neck and low back as a result of transferring a patient from a wheelchair to a shower two weeks before on 5/26/12. There are five notes from the primary provider's office in the records, all signed by a physician's assistant. The first four visits dated from 3/11/14 to 6/6/14, all state that the patient has been authorized for physical therapy (PT) and needs to schedule visits. Since the patient did not actually begin PT until 7/16/14, there must have been some barrier to beginning care. This is not addressed in any of the notes. The last note, dated 9/17/14, documents ongoing neck, low back and right upper extremity pain, and states that the pain is unchanged from the previous visit. Exam findings include decreased neck and back range of motion, decreased strength of the R upper and lower extremity, and sensory deficits of the right calf, and forearm. Exam findings are essentially identical to those in all previous progress notes. Diagnoses include cervicalgia, thoracic or lumbosacral neuritis or radiculitis, and thoracic sprain. Medications include Cyclobenzaprine 7.5 mg, Gabapentin 600 mg, Hydrocodone/APAP 2.5/325, Naproxen Sodium 550 mg, and Pantoprazole 20 mg. The listed medications are identical for all visits. (However a script sheet dated 9/17/14, which included Fenoprofen and not Naproxen, would suggest that naproxen had been changed to Fenoprofen. The plan of the 9/17/14 note stated that Naproxen had been changed to Fenoprofen "due to formulary", although the medication list was not updated.) The work status is documented as temporarily totally disabled for all visits, and the patient's functional level is not otherwise addressed. The 9/17/14 plan includes requesting an extension to schedule an MRI because the patient was out of the country for personal reasons. It also includes a request for a lumbar support and for continued physical therapy. No rationale is documented for continuing therapy. The plan includes a statement that the patient will be a good candidate for injection therapy after her MRI's are completed. The records contain 8 PT notes for visits ranging from

7/16/14 to 10/10/14. There is a gap in treatment from 9/17/14 to 10/10/14 that is not addressed in the notes. The patient's documented complaints remain virtually the same for all of the visits, except for a slight decrease in pain after having no PT for a month. There is no documentation of any functional improvement. The patient remains unable to tolerate walking for more than 20-30 minutes, and remains unable to work. The last note does not document whether or not goals set at the first visit were achieved. The treatment for every visit is to continue the current rehab program except for the last visit, where it is to continue PT 2x/week for 4 weeks, per the primary provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Physical Therapy 2x4 weeks for the lumbar spine, as outpatient between 10/14/2014 and 11/28/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement and Physical Medicine Page(s): 9;98-99.

Decision rationale: Per the first guideline cited above, all therapies should be focused on the goal of functional improvement rather than just pain elimination, and assessment of treatment efficacy is accomplished by reporting functional improvement. The second reference states that passive therapy is for the early phase of treatment. Active therapy is recommended over passive care, with transition to home therapy. A maximum of 9-10 visits over 8 weeks is recommended for myalgia or myositis, and a maximum of 8-10 visits over 4 weeks is recommended for neuralgia, neuritis and radiculitis. The clinical records in this case do not support continuing physical therapy. This patient has already had 8 sessions of physical therapy, and presumably has been instructed in home exercise. No goals for functional improvement are documented anywhere in the records, and there is no documentation of any goals that have been met in either the primary provider's or the PT notes. There is no documentation as to why this patient would be likely to receive further benefit from PT in addition to the 8 visits she has already had. Although her documented work status remains totally disabled she was apparently able to complete a long trip without difficulty, which would suggest that she has sufficient motivation to be able to perform home exercises. Based on the evidence-based guidelines cited above and the clinical findings in this case, 8 additional physical therapy sessions physical 2x4 weeks for the lumbar spine are not medically necessary. They are not medically necessary because the patient has not made functional progress with the 8 sessions of PT she has already had, because continued passive treatment is not indicated, because the patient has completed the number of visits beyond which more formal therapy is unlikely to be useful, because she appears to be able to transition to a home exercise program, and because her provider has not identified specific functional goals that could be achieved with physical therapy but not home exercise. Therefore, additional physical therapy for the lumbar spine is not medically necessary and appropriate.