

Case Number:	CM14-0179327		
Date Assigned:	11/03/2014	Date of Injury:	07/12/1996
Decision Date:	12/09/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal Medicine and is licensed to practice in Pennsylvania. 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:

The injured worker is a gentleman of unspecified age (date of birth was not provided) with a date of injury of 07/18/1996. An office visit note by the treating physician dated 07/18/2014 identified the mechanism of injury as lifting heavy equipment, resulting in lower back pain. Office visit notes by the treating physician dated 07/18/2014 and 08/29/2014 and physical therapy notes dated 07/24/2014, 07/31/2014, 08/05/2014, 08/07/2014, 08/12/2014, 08/15/2014, 08/19/2014, 08/25/2014, 08/29/2014, and 10/15/2014, indicated the worker was experiencing lower back pain that interfered with function, leg weakness, and briefly foot pain. Documented examinations consistently described decreased lower back joint motion and tenderness in the lower back muscles. The submitted and reviewed documentation concluded the worker was suffering from on-going lower back strain. Treatment recommendations included additional physical therapy after eight visits improved pain intensity, function, and leg strength significantly. A Utilization Review decision was rendered on 10/03/2014 recommending partial certification for two visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted documentation described rather significant improvements in the worker's pain intensity, function, and strength over eight visits of physical therapy. However, the physical therapy notes did not record fading or the development of a home exercise program during that time as strongly recommended by the Guidelines. Additional physical therapy should not be needed for that purpose but rather should have been integrated into the initial physical therapy visits as a routine part of the treatment. For these reasons, the current request for twelve visits of physical therapy is not medically necessary.