

Case Number:	CM14-0183100		
Date Assigned:	11/07/2014	Date of Injury:	12/23/2013
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 & 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:

According to the records made available for review, this is a 41-year-old male with a 12/23/13 date of injury. At the time (10/21/14) of Decision for Physical therapy three times a week for four weeks to the lumbar spine and right lower extremity (12 additional physical therapy treatments), there is documentation of subjective (left ankle pain, right hip/thigh pain, and low back pain) and objective (tenderness to palpitation over the left ankle) findings, current diagnoses (ankle sprain, thigh contusion, and lumbosacral sprain), and treatment to date (12 sessions of physical therapy treatments, acupuncture, and medications). There is no documentation of a statement of exceptional factors to justify going outside of guideline parameters and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous physical therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks to the lumbar spine and right lower extremity (12 additional physical therapy treatments): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 43,49, 83,92,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back and Knee & Leg, Physical Therapy (PT), Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbar radiculitis not to exceed 12 visits over 8 weeks and a diagnosis of Sprain of knee and leg not to exceed 12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of ankle sprain, thigh contusion, and lumbosacral sprain. In addition, there is documentation of 12 previous physical therapy treatments. However, given documentation of a request for Physical therapy three times a week for four weeks to the lumbar spine and right lower extremity (12 additional physical therapy treatments), in addition to the treatment already completed, which would exceed guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous physical therapy treatments. Therefore, based on guidelines and a review of the evidence, the request for Physical therapy 3 x 4 for the cervical, thoracic, lumbar, bilateral shoulders and right lower extremity is not medically necessary.