

Case Number:	CM14-0185066		
Date Assigned:	11/12/2014	Date of Injury:	11/16/2007
Decision Date:	12/15/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/06/2014

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 62 year-old patient sustained an injury on 11/16/07 while employed by [REDACTED]. Request(s) under consideration include Physical therapy; 8 sessions. Diagnoses include cervical disc herniation; lumbar disc herniation/ radiculitis/ disc disease. Conservative care has included medications, physical therapy, Epidural steroid injections, and modified activities/rest. Report of 7/25/14 from the provider noted patient with chronic ongoing neck and lower back pain without improvement and has worsened with stiffness, radiating down lower extremities with associated with numbness and tingling; and minor to no relief from spasm. Exam showed limited range in all planes with flex/ext/lateral bending of 70/20/20 degrees; positive SLR, 5/5 motor strength, diminished sensation in right L5 dermatome; spasm along paraspinals; cervical spine with diffuse decreased range. Treatment included PT, continued TENS, medication and MRI of lumbar spine. Therapist noted of 8/22/14 noted pain level of 6/10 with stiff gait, 4/5 ankle DF and right hip flexion with limited range and extension producing most pain. Request of 9/15/14 included PT 2x4. The request(s) for Physical therapy; 8 sessions was non-certified on 10/15/14 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; 8 sessions: Upheld

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

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

Decision rationale: This 62 year-old patient sustained an injury on 11/16/07 while employed by [REDACTED]. Request(s) under consideration include Physical therapy; 8 sessions. Diagnoses include cervical disc herniation; lumbar disc herniation/ radiculitis/ disc disease. Conservative care has included medications, physical therapy, Epidural steroid injections, and modified activities/rest. Report of 7/25/14 from the provider noted patient with chronic ongoing neck and lower back pain without improvement and has worsened with stiffness, radiating down lower extremities with associated with numbness and tingling; and minor to no relief from spasm. Exam showed limited range in all planes with flex/ext/lateral bending of 70/20/20 degrees; positive SLR, 5/5 motor strength, diminished sensation in right L5 dermatome; spasm along paraspinals; cervical spine with diffuse decreased range. Treatment included PT, continued TENS, medication and MRI of lumbar spine. Therapist noted of 8/22/14 noted pain level of 6/10 with stiff gait, 4/5 ankle DF and right hip flexion with limited range and extension producing most pain. Request of 9/15/14 included PT 2x4. The request(s) for Physical therapy; 8 sessions was non-certified on 10/15/14. The patient has completed 27 sessions of PT without demonstrated change. 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 progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. 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 of functional improvement 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 when prior treatment rendered has not resulted in any functional benefit. The Physical therapy; 8 sessions is not medically necessary and appropriate.