MAXIMUS Federal Services

Case Number:	CM14-0025933		
Date Assigned:	06/04/2014	Date of Injury:	09/23/2006
Decision Date:	07/16/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 54 year old female who was injured on 09/23/2006. Mechanism of injury is unknown.Prior treatment history has included physical therapy and the last session was 15 months ago and she responded quite nicely to it. The medical records submitted are very limited and there is only one request for authorization dated 01/21/2014. All of the information is obtained from this report. The patient presented complaining of recurrent back and leg pain. The pain is predominantly left sided but she is also having some mild right sided pain. Objective findings reveal the patient had positive right left raising on the left at 60 degrees and positive on the right at 75 degrees. The lumbar spine examination revealed limited flexibility. There is no other physical examination noted and no diagnoses. Treatment Plan: As the patient responded to previous physical therapy the physician is requesting another course of physical therapy twice a week for four weeks. There is also a recommendation for the patient to undergo an MRI of the lumbar spine as the last one done was four years ago.Utilization report dated 01/29/2014 did not certify the request for physical therapy for the lumbar spine. It noted the claimant had extensive therapy in the past but the doctor is unclear as to how many sessions and he is requesting additional therapy. Based on the lack of documentation or rationale the fact that the claimant has had extensive therapy in the past and the therapy at this time would be purely palliative.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE, (2) TIMES A WEEK FOR (4) WEEKS AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to the PTP progress report dated 1/21/2014, the patient presented with recurrence of low back and leg pain primarily left sided. Positive SLR, limited flexion, and normal reflexes on examination was reported. The medical records do not reveal any neurological deficts. According to the report, the patient last attended physical therapy 15 months prior. The medical records do not document the number of sessions completed or her response to the treatment. Subsequent PTP progress reports dated 4/1/2014 did not document any examination findings, and the 4/29/2014 report indicated SLR was positive. According to the CA MTUS guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The medical records indicate the patient has undergone extensive PT to date. It is not established the patient has presented with a significant exacerbation. There is no documentation supporting the patient has utilized a self-directed home exercise program, which would be equally efficacious. The medical necessity of Physical Therapy (PT) has not been established by the medical records provided.