

Case Number:	CM14-0029536		
Date Assigned:	06/16/2014	Date of Injury:	01/28/2010
Decision Date:	07/16/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/07/2014

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, has a subspecialty in Pain 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 is a 63-year-old female patient diagnosed with spondylosis L3-L4 and L5-S1, spinal stenosis L3-L4 and L4-L5, and hypertension following a work-related injury on 01/28/2010. A request for physical therapy 2 times per week for 6 weeks for the lumbar spine was non-certified at utilization review on 02/10/14. The request was modified to allow for 3 sessions for retraining to in a home exercise program. It was noted the patient reported feeling stronger with the 2 sessions of physical therapy she completed, yet there was no documentation of objective functional benefit from these sessions, nor was a rationale provided indicating why the patient could not effectively transition into a home exercise program for continued rehabilitation of any remaining deficits. Primary treating physician progress report dated 01/22/14 noted the patient feeling stronger with 2 sessions of physical therapy. She has requested additional PT. Objective findings on examination revealed she is focally tender on the right at L4-S1 as well as the superior iliac crest. There was tenderness noted along the course of the sciatic nerve on the right. Motor strength testing was grossly intact. An additional 12 sessions of physical therapy were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: MTUS cites that "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 patient has a longstanding injury from 2010 and has previously completed physical therapy. The patient was certified for 3 sessions a physical therapy on 02/10/14. Having completed 2 sessions of physical therapy she reported feeling stronger. However, there is no clear documentation of musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program, yet would be expected to improve with formal supervised therapy. Physical examination performed on 01/22/14 following the 2 sessions of physical therapy did not identify any deficits with strength or range of motion. There was no description of associated functional benefit following the prior physical therapy sessions. Details of the patient's prior conservative treatment for this injury sustained in 2010 was not provided. As such, the requested physical therapy 2 times per week for 6 weeks for the lumbar spine is not medically necessary and is non-certified.