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| Case Number: | CM14-0036041 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 01/30/2010 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 03/03/2014 |
| Priority: | Standard | Application Received: | 03/24/2014 |

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 Pain Management 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 51 year-old patient sustained an injury on 1/30/10 after falling off a golf cart. The request under consideration include 6 physical therapy (PT) sessions. Diagnoses include low back, neck and left knee pain/strain. The patient has completed 23 chiropractic sessions and 18 PT sessions. The report from chiropractic PTP dated 11/21/13 noted patient with constant neck, lower back, and left knee rated at 5-7/10. An exam of cervical spine showed tenderness on palpation, muscle spasm, normal deep tendon reflexes (DTRs) and positive orthopedic testing, lumbar spine with palpable tenderness at 4th and 5th joint, brisk, positive Kemp's, Lasegue's, Yeomen's test with limited range in all planes. A knee exam showed mild tenderness of the left medial knee joint and no tenderness on lateral joint line with diffuse decreased range. The patient remained temporarily partially disabled and was unclear about working. The treatment plan included additional PT with spinal adjustment along with lumbar myofascial stretch and traction will be done at next office visit. The requests for 6 PT sessions was not medically necessary on 3/3/14 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, X6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Page(s): 98-99,.

Decision rationale: PT 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. There is 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. The patient has received prior sessions of PT without clear specific functional improvement in activities of daily living, work status, or decrease in medication and utilization without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support further treatment. The requests for 6 PT sessions was not medically necessary.