

Case Number:	CM14-0044703		
Date Assigned:	07/02/2014	Date of Injury:	07/20/2007
Decision Date:	09/19/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/11/2014

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 63 year-old patient sustained an injury on 7/20/07. Request(s) under consideration include Physical Therapy 2 X 4 to Back and TENS Unit purchase. The patient is status post (s/p) lumbar fusion (unspecified date and level) with 40 post-op physical therapy (PT) and bracing. Report of 10/31/13 from the provider noted the patient stating PT provided mild relief in symptoms and improvement in strength; however, still with low back pain increased with ADL. Exam showed weakness of anterior tibialis and peroneal of 4+/5 on right. EMG studies showed right L5 and S1 radiculopathy. Report of 2/26/14 from the provider noted the patient with ongoing right lower extremity cramping in upper leg radiating down her foot awakening her from sleep. The patient continues to participate in therapy. Exam showed good strength in bilateral lower extremities with weak ankle DF of 3+/5. Treatment plan included continued PT and TENS unit. The request(s) for Physical Therapy 2 X 4 to Back and TENS Unit purchase were non-certified on 3/7/14 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 2 X 4 TO BACK AND TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy; Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 98-99; 114-117.

Decision rationale: 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 2 X 4 to Back and TENS Unit is not medically necessary and appropriate.