

Case Number:	CM14-0063730		
Date Assigned:	07/11/2014	Date of Injury:	06/15/2011
Decision Date:	08/08/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/06/2014

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 is a 56-year-old gentleman with a date of injury of 6/15/11. Mechanism of injury occurred while he was carrying a 4 x 8 piece of sheet rock, when it fell on him, causing him to fall down. He injured his back as result of this injury. A report from 1/16/14 indicates that the patient is now being seen as part of future medical care provision, indicating that he has previously been made Permanent and Stationary (P&S). 3/06/14 QME (qualified medical evaluation) report notes that the P & S was done on 1/02/13, however, on his report disagrees with the P & S status and recommends a Functional Restoration Program. The patient has had extensive care to date, including at least 26 sessions of PT. The patient has chronic low back pain with diagnoses that include lumbar radiculopathy, low back pain, lumbar facet pain and bilateral sacroilitis. The patient is currently under the care of a Physical Medicine & Rehabilitation specialist, who has been managing chronic medications, including chronic opioid use. A recent course of PT/Aqua therapy was initiated on 4/10/14, and by 4/30/14, the patient is noted to have completed 8/9 sessions with some gains and temporary reduction of pain. Reports submitted prior to the Utilization Review determination in question indicate that the patient has persistent chronic pain, but no report of new injury or acute exacerbation. The patient was in ongoing PT. Exam shows muscle spasm and tender points, but reveals no significant physical impairments. This was submitted to Utilization Review with an adverse determination returned on 4/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy (PT) / Aqua Therapy 3x a week for 3 weeks for the lumbar spine, thoracic spine, left hip, left knee, and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, 22. Decision based on Non-MTUS Citation ACOEM 2nd Edition, Revised (2007), Chapter 12, pages 130-132 and the Official Disability Guidelines (ODG), Low Back, Physical Medicine treatment, Neck & Upper Back, Physical therapy, Knee.

Decision rationale: The Chronic Pain MTUS recommend up to 10 sessions of PT for chronic symptoms such, and the Labor Code allows for up to 24 sessions of PT as a general cap. In this case, the patient has been made Permanent and Stationary, and has completed in excess of 24 sessions of PT to date. Recent submitted reports show no significant clinical objective and functional gains in current ongoing PT. Recent PTP (primary treating provider) reports (prior to the UR determination) show no significant physical impairments and do not record any recent acute flare that justifies further care. There is no change in functional status or medication reductions as a result of the current course of PT. Though a prior QME report disputes the P & S status, the recommended treatment by the QME was for a Functional Restoration Program. Criteria for such a program states that further treatment is not expected to result in further benefit (including PT). There is no clear indication for further skilled therapy versus doing a home exercise program at this juncture. Medical necessity is not established for additional PT/Aqua Therapy.