

Case Number:	CM14-0068196		
Date Assigned:	07/14/2014	Date of Injury:	06/24/2009
Decision Date:	08/26/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/12/2014

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 Pain 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 66 year-old patient sustained an injury on 6/24/09 from a slip and fall while employed by [REDACTED]. Request(s) under consideration include physical therapy 2x8 for the lumbar spine. Diagnoses include lumbosacral musculoligamentous strain/sprain, radiculopathy/ left-sided low back pain/radiculopathy from herniation s/p microdiscectomy of left L4-5 on 5/14/12; s/p left L3-4 revision interlaminar decompression, left L4-5 interlaminar decompression, left L3-4 and L5-S1 foraminotomies, and left L4-5 foraminotomy on 12/3/13. The patient has completed 16 post-operative physical therapy sessions. X-rays of the lumbar spine dated 2/26/14 showed 5 non-rib-bearing lumbar vertebral bodies' normal in height; unchanged minimal retrolisthesis of L2 on L3 and L3 on L4; multilevel degenerative changes of discs. Report of 4/20/14 from a provider noted the patient with much improvement with continued physical therapy and reported virtually no back pain; only residual numbness and burning near left knee. Exam showed no acute distress, lumbar spine with two healed surgical scars; walks with narrow gait; no tenderness on exam; SLR normal; Normal sensation; right knee with crepitus. Diagnoses included lumbosacral sprain/strain; Sacroiliac sprain/strain; Talipes Cavus; and Sciatica. Request(s) for physical therapy 2x8 for the lumbar spine was non-certified on 4/24/14 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 2x8 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 299-300. Decision based on Non-MTUS Citation Official Disability Guidelines, Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

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 2x8 for the lumbar spine is not medically necessary.