

Case Number:	CM14-0075405		
Date Assigned:	07/16/2014	Date of Injury:	07/08/1999
Decision Date:	11/14/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/23/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

3/13/14 note indicates the insured is status post fusion and 12 physical therapy visits are being requested to improve range of motion and stretching and home exercise going. 5/1/14 notes the insured had 6 physical therapy sessions approved and the insured was still having nerve issues in the legs. The insured was recommended to increase Neurontin. 7/9/14 note indicates pain management ongoing for back. The insured has been riding a re-cumbent bike and the right leg is starting to bother her. The insured reports 90-100% pain relief with baclofen and 100% relief with Neurontin. Examination notes right leg edema with decreased sensation in the right S1 dermatome. Strength is 5/5 except for right knee extension of 4/5. 5/6/14 note indicates initial physical therapy examination. Problems were reported as limited range of motion with right lower extremity radiculopathy and incision hypersensitivity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy of twenty-four sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical modalities Page(s): 174.

Decision rationale: The medical records provided for review document physical exam findings of decreased range of motion (ROM), weakness, and pain with range of motion. However, the specific outcome of the initial physical therapy performed to date is not delineated and as such objective physical gain has not been demonstrated. MTUS supports physical therapy being continued when initial therapy has demonstrated objective gain and continued specific objective goals are delineated. As such objective gains are not delineated by the records provided for review, 24 therapy sessions are not supported congruent with MTUS.