

Case Number:	CM14-0082499		
Date Assigned:	07/21/2014	Date of Injury:	07/08/1998
Decision Date:	11/12/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/04/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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:

The injured worker is a 60 year old man with a date of injury of July 8, 1998. A clinical note dated April 14, 2014 indicates the worker has unchanged moderate constant pain in his low back, hands, neck and feet and is taking Norco. There are notes stating he had had physical therapy in the past. Exam is notable for back findings of limited flexion of 30/90 degrees with pain; 20/30 degrees extension without pain; normal gait; lumbar paraspinal tenderness; posterior iliac crest tenderness; normal sensory and symmetric reflexes. He was diagnosed with lumbar degenerative disc disease and prescribed Daypro and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) Physical Therapy sessions to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines (Lumbar)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 to 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Physical medicine treatment

Decision rationale: Per Medical Treatment Utilization Schedule and the Official Disability Guidelines, physical therapy is recommended. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the worker) can provide short term relief during the early phases of acute pain treatment or acute exacerbations of chronic pain and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The Official Disability Guidelines for physical therapy allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. For myalgia and myositis, 9-10 visits over 8 weeks is recommended; for neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks is recommended. The worker's date of injury was 16 years ago and he states his current symptoms are unchanged. He has had physical therapy sessions in the past. However, there is no documentation of functional improvement, return to a full workload, decrease in medications, better ease of performing activities of daily living or a home-exercise program. Additional physical therapy sessions are only authorized with evidence of improvement. Therefore, the requested eighteen (18) Physical Therapy sessions to the lumbar spine are not medically necessary and appropriate.