

Case Number:	CM14-0092469		
Date Assigned:	07/25/2014	Date of Injury:	10/21/2006
Decision Date:	10/01/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/18/2014

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:

The patient is a 61-year-old female who has submitted a claim for iliolumbar strain, lumbosacral strain, myofascial strain with lumbosacral degenerative disc disease and disc desiccation with deconditioning, associated with an industrial injury date of October 21, 2006. Medical records from 2014 were reviewed. The latest progress report, dated 06/03/2014, showed low back pain treated conservatively with pain medications. The pain caused her feeling tired and weak. There was some tightness and weakness after long hours of sitting. There was no numbness or tingling sensation in the lower extremities. Physical examination revealed ambulation with a normal gait and balance. Active and passive range of motion was in full range with well-preserved muscle bulk, joint contours, coordination, strength, and sensation of the lumbosacral spine. There was no muscle weakness noted. Treatment to date has included unspecified number of session of physical therapy and medications. Utilization review from 06/12/2014 denied the request for physical therapy C/S 2xweek x 3 weeks and physical therapy T/S 2xweek x 3 weeks because a different region of the body was requested and no rationale for additional physical therapy was noted with the current chronic pain conditions. There was no documentation of deficits in the thoracic and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy C/S, two times per week for three weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Physical Medicine..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient completed an unspecified number of sessions of physical therapy resulting in improvement in functionality. The rationale for requesting PT of the thoracic and cervical spine is to help in endurance, range of motion, strength and to improve her functionality as transition to HEP. However, the most recent progress report showed no physical evidence of musculoskeletal deficits that would indicate the requested treatment. The medical necessity cannot be established due to insufficient information. Therefore, the request for physical therapy of the cervical spine 2x/week for 3 weeks is not medically necessary.

Physical therapy T/S, two times per week for three weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Physical Medicine..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient completed an unspecified number of sessions of physical therapy resulting in improvement in functionality. The rationale for requesting PT of the thoracic and cervical spine is to help in endurance, range of motion, strength and to improve her functionality as transition to HEP. However, the most recent progress report showed no physical evidence of musculoskeletal deficits that would indicate the requested treatment. The medical necessity cannot be established due to insufficient information. Therefore, the request for physical therapy of the thoracic spine 2x/week for 3 weeks is not medically necessary.