

Case Number:	CM14-0095263		
Date Assigned:	09/15/2014	Date of Injury:	05/09/2008
Decision Date:	11/10/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 54 year-old patient sustained an injury on 5/9/08 while employed by [REDACTED]. Request(s) under consideration include Physical therapy 2 X 3 for the lower back. Conservative care has included medications, therapy (recently completed 14 PT sessions), and modified activities/rest. Orthopedic panel QME report of 1/15/14 noted patient with diagnoses of left carpal tunnel syndrome s/p left CTR; cervical spine arthritis; low back aggravation; and s/p bilateral total knees. There was no change to recommendation of 11/27/13. Report of 6/2/14 from the provider noted the patient has continued chronic neck and bilateral knee pain associated with numbness and weakness in grip on left hand; and headaches. Medications list B1, B12, Calcium citrate, Citalpram, D3, MVI, Trazodone, Banalog cream, Flexeril, Vicodin, and Naprosyn. Exam noted findings to the left hand without swelling or tenderness, decreased range, and positive Phalen's, Tinel's and carpal compression tests; no laxity of ligaments; tendons fully functional; decreased sensation in median nerve distribution. There was no exam or clinical findings documented for the low back. Impression had s/p bilateral total knees; aggravation of low back; and aggravation of cervical spinal arthritis. The request(s) for Physical therapy 2 X 3 for the lower back was non-certified on 6/12/14 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 2 X 3 for the lower back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Guidelines Page(s): 98-99.

Decision rationale: There is no clinical findings reported for the low back and the patient had recent 14 PT sessions without documented outcome. 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 2008 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 2 X 3 for the lower back is not medically necessary and appropriate.