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| Case Number: | CM14-0178381 | | |
| Date Assigned: | 10/31/2014 | Date of Injury: | 05/29/1990 |
| Decision Date: | 01/16/2015 | UR Denial Date: | 10/09/2014 |
| Priority: | Standard | Application Received: | 10/27/2014 |

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 Internal Medicine, 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 injured worker (IW) is a 60-year-old woman with a date of injury of May 29, 1990. The mechanism of injury occurred when the IW slipped and fell while helping a patient. She hit her coccyx on the wheel of a rolling stool or chair. Plain x-rays were negative. . The current diagnoses are chronic low back pain, lower back to legs bilaterally; L4-L5 partial discectomy; subsequent additional partial discectomy, developed left foot and lower leg numbness; urinary incontinence since 2nd surgery; 12-15 epidurals with little success; right sciatica; left wrist fracture, casted; and lumbar disc displacement without myelopathy. Pursuant to a progress note dated August 27, 2014, the IW presents for medication refills. Objectively, there is no evidence of joint pain, tenderness or deformity. Full range of motion intact in all muscle groups. Current relative medications include Vicodin Hp 10/300mg, Oxycontin 20mg, and Gabapentin 600mg. The IW takes a variety of other medications for diabetes and hypertension, and high cholesterol. The treatment plan is a referral to a social worker, and refill medications. The current request is for Physical Therapy Evaluate and Treat. There is no explanation as to what body parts are to be treated or the goal of treatment. There is no explanation as to how many sessions are being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, evaluate and treat: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy, evaluate and treat is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or in negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker is a 60-year-old woman with a date of injury May 29, 1990 (approximately 15 years ago). She is status post lumbar laminectomy and discectomy with a second lumbar discectomy and cataract surgeries. She has received physical therapy, medical management, epidurals, facet injections and radiofrequency neurolytic procedure. The injured worker has issues with opiates. She was advised that narcotics would be reduced in a stepwise fashion. Vicodin was reduced and OxyContin was reduced. There is no explanation in the medical record indicating what regional body parts are to be treated, or what the goals of the physical therapy treatment are. There is no explanation or clinical rationale as to the clinical indication, clinical frequency and duration of physical therapy treatment. There is no documentation in the medical record of prior physical therapy and whether they were objective functional improvement. Consequently, absent the appropriate clinical documentation and past physical therapy, physical therapy, evaluate and treat is not medically necessary.