

Case Number:	CM14-0190484		
Date Assigned:	11/21/2014	Date of Injury:	01/20/2004
Decision Date:	01/09/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/14/2014

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 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:

According to the records made available for review, this is a 68-year-old male with a 1/20/04 date of injury. At the time (10/17/14) of request for authorization for physical therapy 8 sessions, cervical and lumbar spine, bilateral feet, there is documentation of subjective (intermittent moderate low back pain with radiation to both hips down to the feet; neck pain radiation to the right arm; pain in both feet and ankles) and objective (cervical spine tenderness to palpation about the paracervical musculature, muscle spasms noted, positive cervical distraction test, restricted range of motion; lumbar spine tenderness, positive straight leg raise, restricted range of motion, muscle spasms noted; bilateral feet tenderness to palpation and restricted range of motion) findings, current diagnoses (cervical strain, lumbar strain with discopathy, bilateral plantar fasciitis), and treatment to date (TENS, medications, and physical therapy). 9/23/14 medical report identifies that patient found benefit with previous physiotherapy. The number of physical therapy visits completed to date cannot be determined. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 8 sessions, cervical and lumbar spine, bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 98, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Low Back, and Ankle and Foot; Physical Therapy Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of sprain and strains not to exceed 10 visits over 8 weeks. In addition, ODG recommends a limited course of physical therapy for patients with a diagnosis of plantar fasciitis not to exceed 6 visits over 4 weeks. ODG also notes 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 a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical strain, lumbar strain with discopathy, bilateral plantar fasciitis. In addition, there is documentation of previous physical therapy. However, there is no documentation of the number of previous treatments to determine if guidelines has already been exceeded or will be exceeded with the additional request. In addition, despite documentation that patient found benefit with previous physiotherapy, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 8 sessions, cervical and lumbar spine, bilateral feet is not medically necessary.