

Case Number:	CM14-0190949		
Date Assigned:	11/24/2014	Date of Injury:	04/26/2013
Decision Date:	05/01/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old male, who sustained an industrial injury on April 26, 2013. He reported a back injury. The injured worker was diagnosed as having status post lumbar fusion, degenerative spondylosis, and stenosis. Treatment to date has included MRI, x-rays, postoperative physical therapy, functional capacity evaluation (FCE), oral and topical pain medications, and antibiotic medication. On September 26, 2014, the injured worker complains of low back pain and stiffness with balance problems and lower extremity weakness. His balance seems off and he has no feeling in his ankles and weakness. He continues on antibiotic medication due postoperative infection. The physical exam revealed a slightly unsteady gait, ability to heel and toe rise, and decreased sensation in the lower extremities, in front and back of his legs and feet. The treatment plan includes continuing with therapy, ambulation, and activities as tolerated. Notes indicate that the patient has undergone 37 therapy sessions. A progress report dated September 28, 2014 identifies physical examination findings of 5/5 strength, slight unsteady gait, and decreased sensation in his lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it appears the patient has exceeded the maximum number of therapy sessions recommended by guideline for his diagnosis with no documentation of intervening complications with ongoing deficits that need to be addressed with additional therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.