

Case Number:	CM14-0192450		
Date Assigned:	11/26/2014	Date of Injury:	07/03/2002
Decision Date:	01/12/2015	UR Denial Date:	10/15/2014
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. The expert reviewer is Board Certified in Family 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 patient is a 57 year-old woman who was injured at work on 7/3/2002. The injuries were primarily to her back. She is requesting review of denial for Physical Therapy for the Lumbar and/or Sacral Vertebrae, Twice Weekly for Four Weeks. Medical records corroborate ongoing care for her injuries. These include her Primary Treating Physician's Progress Reports (PR-2s). Her most recent documented office visit was on 9/29/2014. In this visit her physician indicates that the patient has been to six sessions of physical therapy. The outcome of her physical therapy was not defined. Physical examination of the spine demonstrated "moderate tenderness in the right lumbar paraspinal area, moderate tenderness of the right SI joint and mild restriction of lumbar flexion and moderate restriction of lumbar extension." There was "normal strength and tone." Her chronic diagnoses included: Herniated Disc and Disc Degeneration Lumbar/Lumbosacral." In the Utilization Review process it was noted that the patient had completed a course of six sessions of physical therapy with no documented evidence of improvement in symptoms or function. Therefore, the request for eight sessions of physical therapy was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar and/or sacral vertebrae, twice weekly for four weeks:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical medicine modalities. Physical therapy is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. The MTUS Guidelines also comment on treatment frequency and duration for physical therapy. The guidelines state the following: Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case the medical records indicate that the patient has already completed a course of six sessions of physical therapy without evidence of improvement. The request in this case is for 8 additional sessions, which would exceed the MTUS recommendations for a maximum of 10 sessions. Further, there is no evidence that the patient has been engaged in an active self-directed home exercise program. For these reasons the request for physical therapy for the lumbar and/or sacral vertebrae, twice weekly for four weeks, is not considered as medically necessary.