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| Case Number: | CM14-0192858 | | |
| Date Assigned: | 11/26/2014 | Date of Injury: | 07/10/2009 |
| Decision Date: | 01/13/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

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 7/10/09 while employed by [REDACTED]. Request(s) under consideration include myofascial release with physical therapy to the lumbar spine 2 x a week for 4 weeks. Diagnoses include lumbar disc disease/ lumbosacral neuritis; and cervical disc disease; and status post (s/p) right shoulder arthroscopy. Conservative care has included medications, therapy, and modified activities/rest. Report of 11/5/14 from the provider noted the patient with chronic ongoing pain complaints with muscle spasm and radiating neck pain and leg pain. The examination showed unchanged findings with treatment for continued physical therapy for the lumbar spine for myofascial pain. The request(s) for myofascial release with physical therapy to the lumbar spine 2 x a week for 4 weeks was non-certified on 11/12/14 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:

Myofascial release with physical therapy to the lumbar spine 2 x a week for 4 weeks:

Upheld

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

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

Decision rationale: Submitted reports in regards this case do not show acute flare-up or specific physical limitations to support the request for physical therapy (PT). 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. In this case, there is 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. It is unclear how many PT sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT without clear specific functional improvement in activities of daily living (ADLs), work status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. Therefore, this request is not medically necessary.