

Case Number:	CM14-0195899		
Date Assigned:	12/03/2014	Date of Injury:	06/15/2011
Decision Date:	01/20/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/21/2014

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 & Rehabilitation, has a subspecialty in California 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 is a patient with a date of injury of June 15, 2011. A utilization review determination dated October 22, 2014 recommends noncertification of physical therapy for the lumbar spine. Noncertification was recommended since 12 sessions would exceed the recommendations of guidelines. A report dated May 15, 2014 indicates that the patient participated in pool therapy. The note indicates that pool therapy improve the patient's pain. Additionally, the notice states that the patient is performing a daily home exercise regimen. A progress report dated August 4, 2014 identifies subjective complaints of low back pain radiating to the right buttock and right lower extremity. He is awaiting a spine surgery evaluation. He is also awaiting authorization for physical therapy. Objective findings revealed tenderness in the right low back with hypoesthesia in the right lower extremity L4 and L5 distribution. Diagnoses include lumbar degenerative disc disease, lumbar facet arthropathy, lumbar radiculopathy, and acute musculoskeletal pain in the right low back. The treatment plan recommends home exercise, continuing medication, and proceeds with physical therapy once authorized. A progress report dated July 7, 2014 indicates that the patient needs assistance from his wife for dressing and showering. The treatment plan recommends physical therapy to work on myofascial release, pain reduction, improved range of motion, and functional improvement in activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x week x 4 weeks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for 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 6-visit 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. Guidelines recommend 10-12 visits of physical therapy for the treatment of lumbar sprains, lumbar degenerative disc disease, and lumbar radiculitis. Within the documentation available for review, there is no indication that the patient has previously undergone land-based physical therapy and there is documentation of functional deficits. However, the current request exceeds the 6 visit clinical trial recommended by guidelines, and unfortunately there is no provision to modify the current request. As such, the current request for physical therapy is not medically necessary.