

Case Number:	CM14-0198277		
Date Assigned:	12/08/2014	Date of Injury:	05/08/2009
Decision Date:	01/27/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/25/2014

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 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 63-year-old female with a date of injury of 5/08/09. Mechanism of injury is not disclosed. She has orthopedic injury to the lumbar spine and to the left knee with diagnoses of lumbar radiculopathy and left knee strain. She is currently followed by an internal medicine specialist, who documents the orthopedic injury, but gives no significant clinical history with regards to past diagnostic work up and treatment. He appears to also be following for hypertension and PVC's. Submitted medical records reflect at least 2 different authorizations for PT. 8 sessions were approved on 3/07/13, and another 8 were approved on 8/26/14. It appears that on 5/28/14, the patient returned in follow-up with an increase in lumbar symptoms. The report notes that the patient has not had PT this year, and requested 8 sessions. Follow-up in August and October note the same claim that the patient has not had PT this year despite the approval for 8 sessions in August. This was submitted to Utilization Review with an adverse determination rendered on 11/17/14. The rationale appeared to be no objective improvement from last course and no objective function deficits that reflect that skilled PT was necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of physical therapy: 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): 130-132, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical medicine treatment.

Decision rationale: Guidelines recommend 8-12 sessions of physical therapy (PT) for this type of low back diagnosis. The CA MTUS recommends 9-10 sessions of PT for myalgia, ACOEM revised 2nd edition recommends 8-12 sessions of PT, and ODG recommends 9-12 sessions of PT. In this case, the patient presents in May 2014 follow-up with an increase in symptoms with report of "no PT this year". Despite getting authorization of 8 sessions of PT in August of 2014, subsequent follow-up reports in August and October 2014 request PT, stating that no PT had been received this year. A course of 8 sessions of PT is appropriate for a flare in symptoms, and this was authorized. It appears that the primary treatment provider (PTP) is either unaware that the patient has been previously certified for 8 sessions, or the 8 authorized sessions were never done. There is no medical necessity for an additional 8 sessions of physical therapy.