

Case Number:	CM14-0203184		
Date Assigned:	12/15/2014	Date of Injury:	01/21/2011
Decision Date:	02/03/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/04/2014

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 Practice, 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 29 year-old male who was injured at work on 1/21/2011. The injury was primarily to his back and lower extremities. He is requesting review of denial for 12 Sessions of Physical Therapy for the Lumbar Spine. Available medical records corroborate ongoing care for his injuries. These records include the Primary Treating Physician's Progress Reports. The office visit with his provider dated 10/22/2014 generated the request for physical therapy. At this visit the patient described ongoing low back pain that radiated to his bilateral thighs. Physical examination was performed and included an assessment of his back. This was remarkable for spasm and stiffness in the lumbar paraspinal muscles. Lower extremity strength was normal. Deep tendon reflexes were 1-2+ and symmetrical. Straight leg raising was negative. The diagnoses included: Low Back Pain; Status Post Umbilical Hernia Repair; Bilateral Sacroilitis; Lumbar Facetal Pain; and Possibility of Lumbar Radiculopathy. The patient was prescribed an NSAID, a TENS Unit and "8-12 Sessions of Physical Therapy." In the Utilization Review process, the MTUS Guidelines were cited as the reason for non-certification of the request. Specifically, that the request for 12 sessions of physical therapy exceeded the maximum number of allowed sessions for the patient's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Physical Therapy Guidelines

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 therapy as a treatment modality. These guidelines state the following: Physical Medicine 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. The MTUS Guidelines comment on the number of approved physical therapy sessions: 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 number of sessions of physical therapy, 12 sessions, exceeds the MTUS guidelines. While it is evident in the records that the intent was to lead the patient to a self-directed home exercise program, there is no evidence that the request followed the recommendations to allow for a fading of treatment frequency. Based on these findings the request for 12 Sessions of Physical Therapy for the Lumbar Spine is not considered as medically necessary.