

Case Number:	CM14-0209208		
Date Assigned:	12/22/2014	Date of Injury:	08/23/2012
Decision Date:	02/12/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal 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 injured worker (IW) is a 69-year-old woman with a date of injury of September 23, 2012. The mechanism of injury occurred when the IW fell on stairs while at a job site. The injured worker's working diagnoses are low back pain; and lumbar degenerative disc disease, multilevel spondylosis. Pursuant to the progress report dated August 27, 2014, the IW complains of intermittent low back pain. The treating physician reports she has not had any formal physical therapy (PT), or epidural injections. Examination of the low back on range of motion reveals stiffness with forward flexion, extension, lateral bending, and lateral rotation. She has negative straight leg raise tests bilaterally. She is minimally tender to palpation in the midline of her lumbar spine. The treating physician reports the IW would be a good candidate for PT. The treating physician ordered 12 PT visits to the lumbar spine at that time. The documentation contains a PT visit note #1 out of #12 on page 35 of the medical record for the lumbar spine. There are no additional physical 13 notes indicating efficacy or objective functional improvement. The current request is for Physical therapy to the lumbar area 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 weeks for the lumbar area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Physical therapy

Decision rationale: Per guidelines, patient should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When the treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. In this case, the injured worker is a 69-year-old woman with a date of injury August 23, 2012. The injured worker's working diagnosis is tear of medial cartilage or meniscus of knee; low back pain; lumbar degenerative disc disease/multilevel spondylosis. The documentation contains physical therapy visit 1 out of 12 on page 35 of the medical record for the lumbar spine. There are no additional physical therapy notes indicating efficacy or objective functional improvement. The documentation should contain evidence of objective functional improvement. If the number of visits exceeds the guidelines exceptional factors should be noted. There are no exceptional factors in the medical record indicating additional physical therapy is needed, in addition to, progress notes with objective functional improvement. Consequently, absent compelling clinical documentation to support additional physical therapy for the lumbar spine with objective functional improvement, physical therapy 2 times per week for 6 weeks of the lumbar spine is not medically necessary.