

Case Number:	CM14-0042097		
Date Assigned:	06/30/2014	Date of Injury:	10/20/2011
Decision Date:	01/29/2015	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/08/2014

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 Rehab 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 is a 67 year-old female, who was injured on October 20, 2011, while performing regular work duties. The mechanism of injury is not indicated within the records provided for this review. An evaluation on November 25, 2014, indicates the injured worker underwent low back surgery L5-S1 foraminotomy on October 17, 2013. An evaluation on January 16, 2014, indicates a visit following right knee surgery. The injured worker was seen in follow-up on February 25, 2014, for continued low back pain and tightness around the right buttock region following low back surgery. The record on February 25, 2014, indicates the injured worker was currently undergoing physical therapy for a knee which causes flare up of the low back. Conservative care has included medications, therapy, lumbar epidural steroid injection (right L5-S1 with report 80% relief). The Utilization Review indicates the injured worker has received an "undocumented sessions of physical therapy to date." The request for authorization is for physical therapy two (2) times weekly for four (4) weeks for the lumbar spine. The primary diagnosis is lumbago. On September 14, 2014, Utilization Review provided a modified certification of physical therapy one (1) time weekly for three (3) weeks for the lumbar spine, based on MTUS, Post-surgical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, 2 times a week for 4 weeks, QTY: 8 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 28.

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

Decision rationale: 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, 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. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2011 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy for the lumbar spine, 2 times a week for 4 weeks, QTY: 8 sessions is not medically necessary and appropriate.