

Case Number:	CM15-0003903		
Date Assigned:	01/15/2015	Date of Injury:	03/20/2013
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48- year old male, who sustained an industrial injury on March 20, 2013. The mechanism of the injury was not in the documentation reviewed. The diagnoses have included lumbar facet joint syndrome, lumbar degenerative disc disease, lumbar radiculopathy, backache, muscle spasm, lumbar spondylolisthesis, thoracic sprain and lumbar sprain. Currently, the IW complains of low back pain with spasms and interfering with sleep. Pain was reported as radiating through the right buttock and was characterized as aching, shooting, stabbing and throbbing. Pain was reported to be constant but varying in intensity. Pain was aggravated by bending, climbing stairs, lifting, carrying and twisting and was only able to walk for twenty minutes at a time. Pain was reported improved with muscle relaxants but not with anti-inflammatory. On December 23, 2014, the Utilization Review decision non-certified a request for additional physical therapy two visits per week for three weeks, noting the documentation did not indicate functional deficits that would require additional supervised therapy over a home exercise program. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On January 5, 2015, the injured worker submitted an application for IMR for review of additional physical therapy visits two per weeks for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Physical Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 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 functional 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 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 Additional Physical Therapy 2x3 is not medically necessary and appropriate.