

Case Number:	CM15-0107914		
Date Assigned:	06/12/2015	Date of Injury:	09/05/2000
Decision Date:	07/13/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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 75 year old male, who sustained an industrial injury on 9/5/00. He reported initial complaints of knee and low back pain. The injured worker was diagnosed as having chronic lumbago; lumbar degenerative disc disease; lumbar myofascial pain; knee pain; deconditioning. Treatment to date has included chiropractic care; physical therapy; status post laminectomy L4-5 and L5-S1 (5/22/03); left total knee replacement (2004); right total knee replacement (2005); medications. Currently, the PR-2 notes dated 5/5/15 indicated the injured worker presents on this date with primary questions regarding his chronic back, right shoulder and bilateral lower extremity pain. On physical examination of the lumbar spine, he has a well-healed midline scar nontender. He has diffuse tenderness to palpation of his lumbar spine including his bilateral gluteus medius and piriformis muscles alone with the lumbar spinous processes and bilateral lumbar paraspinal facet joints. He has an antalgic gait but is able to heel and toe walk. The lumbar range of motion with forward flexion 80 degrees and extension 10 degrees is noted with facet loading maneuvers negative bilaterally. He has decreased range of motion in his bilateral hips with internal/external rotation but functional range of motion in the bilateral knees with flexion/extension in his bilateral ankles. Bilateral lower extremity sensory exam is within normal limits of touch and temperature. Conservative treatment has included pain medications, physical therapy, massage, exercise programs, nerve blocks, chiropractic therapy and then surgical intervention: laminectomy L4-5 and L5-S1 (5/22/03). The injured worker notes he is only taking blood pressure medications at this time and is not interested in pain medication

at this point. The provider has recommended he needs to develop more core strength and is requesting authorization of physical therapy 12 sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

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 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 Physical therapy 2 times a week for 6 weeks, lumbar spine is not medically necessary and appropriate.