

Case Number:	CM15-0016176		
Date Assigned:	02/04/2015	Date of Injury:	09/07/2001
Decision Date:	04/22/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/28/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61-year-old male sustained a work related injury on 09/07/2001. According to a progress report dated 12/22/2014, the injured worker was seen for a follow up of the back. The provider's notes stated essentially unchanged though has worsened though has been able to relieve the pain with direct pressure over the sciatic notch; desires referral to physical therapy. Problems included recurrent major depressive episodes, hip pain right, low back pain, sciatica left and inflammatory disease of mucous membranes. The injured worker was permanent and stationary. According to a progress report dated 01/22/2015, the injured worker reported that chiropractic care seemed to be helping and that he had to increase his meds somewhat. Physical therapy notes submitted for review included 4 sessions between the dates of 07/10/2014 and 08/11/2014. According to the physical therapy noted dated 08/11/2014, pain had decreased from 7 on a scale of 1-10 on 06/19/2014 to 5 on 08/11/2014. The injured worker had completed all of his authorized physical therapy visits. The treatment schedule included 2 visits per week x 6 weeks. The injured worker was independent with home exercise, had increased lumbar/sacral active range of motion and was able to complete all activities of daily living with good body mechanics 90 percent of the time within 2 weeks. On 01/08/2015, Utilization Review non-certified physical therapy 2 x 4 (8 sessions). According to the Utilization Review physician, the injured worker's response from prior physical therapy had not been outlined. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines, pages 98-99. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 (8 sessions): Upheld

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

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

Decision rationale: Physical therapy 2 x 4 (8 sessions) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The document from PT dated August 11, 2014 stated that the patient completed 12 visits and was independent home exercise program. The MTUS recommends a transition from supervised physical therapy to an independent home exercise program. The patient should be well versed in his home exercise program. There are no extenuating factors that would require 8 additional supervised therapy visits. The request for physical therapy 2 x 4 (8 sessions) is not medically necessary.