

Case Number:	CM15-0133700		
Date Assigned:	07/21/2015	Date of Injury:	03/13/2011
Decision Date:	08/24/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/10/2015

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, Hawaii
 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 55 year old male, who sustained an industrial injury on March 13, 2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having mechanical back pain. Treatment and diagnostic studies to date has included physical therapy. In a progress note dated June 24, 2015, the treating physician reports tenderness on palpation of the lumbosacral junction and decreased range of motion to the lumbar spine. The documentation provided noted that as of June 26, 2015 the injured worker has completed at least 10 sessions of physical therapy with the treating therapist noting that the injured worker was able to perform therapy without an increase in pain, but the documentation did not indicate if the injured worker experienced any functional improvement with prior physical therapy. The treating physician requested physical therapy to the lumbar spine two times a week for four weeks with the treating physician noting that prior physical therapy has worked well for the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the lumbar 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Physical therapy to the lumbar 2 times a week for 4 weeks. The treating physician report dated 6/24/15 (60B) states, "At this time, the patient will continue physical therapy per guidelines." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided, show the patient has received authorization for 12 visits physical therapy previously, and at least 11 visits have been completed (37B). The patient's status is not post-surgical. In this case, the patient has received at least 11 visits of physical therapy to date and the current request for an additional 8 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, 12 sessions of physical therapy should have provided the patient with adequate knowledge to establish a home exercise program. The UR report discusses the need for further PT because the IW is unable to a home program on his own. This actually speaks against further PT as the objective is to provide training in an independent home program. The current request is not medically necessary.