

Case Number:	CM15-0138904		
Date Assigned:	07/28/2015	Date of Injury:	05/09/2008
Decision Date:	08/26/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/17/2015

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 62 year old male with an industrial injury dated 05/09/2008. The injured worker's diagnoses include lumbar stenosis, lumbar degenerative disc disease and scoliosis. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, epidural steroid injection (ESI) x3, and periodic follow up visits. In a progress note dated 06/08/2015, the injured worker reported pain in his low back and right leg. The injured worker rated pain a 5-7/10. The injured worker reported that the pain radiates down his right anterolateral thigh towards his knee. Documentation noted that the injured worker completed 6 sessions of physical therapy with no improvement. Objective findings revealed limited range of motion at the waist, pain with resisted hip flexion and knee extension, diminished sensation in the right anterior and lateral thigh, left lumbar prominence on forward bend and tenderness in right paraspinal area. The treating physician's impression was chronic back and leg pain with numbness and weakness in the setting of multilevel lumbar disc degeneration, degenerative scoliosis, lateral listhesis, foraminal stenosis and loss of lordosis. The treating physician prescribed services for twelve physical therapy sessions to the lumbar spine, 2 times a week for 6 weeks, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions to the lumbar spine 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 2008 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 12 Physical Therapy Sessions to the lumbar spine 2 times a week for 6 weeks is not medically necessary and appropriate.