

Case Number:	CM15-0139461		
Date Assigned:	07/29/2015	Date of Injury:	01/19/2002
Decision Date:	09/01/2015	UR Denial Date:	07/02/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 an industrial injury to the neck and back on January 1, 2002. Previous treatment included thoracic laminectomy at T7-T11 with discectomy on July 22, 2014, cervical fusion (undated), physical therapy and medications. Following thoracic spine surgery, the injured worker developed progressive weakness to bilateral lower extremities with subsequent multiple falls. In an agreed medical evaluation dated March 12, 2015, the physician noted that the injured worker had completed approximately twelve sessions of physical therapy for the neck and back, which helped increase range of motion and strength. In a progress noted dated May 15, 2015, the injured worker complained of ongoing pain to the back and legs associated with lower extremity weakness. The injured worker stated that he had completed physical therapy with modest improvement. Physical exam was remarkable for decreased strength to bilateral lower extremity. Current diagnoses included status post thoracic laminectomy, status post cervical fusion, lumbar scoliosis, paraplegia due to thoracic cord compression (improving) and degenerative lumbar scoliosis with deformity. The physician recommended an additional course of physical therapy twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the workers symptoms. The submitted records indicated the worker was experiencing neck pain with spasms that went into the arms with numbness and tingling, mid and lower back pain with spasms that went into the legs with numbness and tingling, problems walking, right leg stiffness and weakness, and problems sleeping. There was no discussion sufficiently describing the reason therapist-directed physical therapy would be expected to provide more benefit than fading to a home exercise program as supported by the Guidelines. In the absence of such evidence, the current request for twelve additional physical therapy sessions for the lower back done twice weekly for six weeks is not medically necessary.