

Case Number:	CM15-0141121		
Date Assigned:	08/25/2015	Date of Injury:	06/19/2000
Decision Date:	09/29/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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 65-year-old male, who sustained an industrial injury on 6-19-2000. Diagnoses have included transient ischemic attack (TIA), post laminectomy syndrome lumbar region, idiopathic peripheral neuropathy, lumbosacral spondylosis and pain in thoracic spine. Treatment to date has included surgery, injections and medication. Per the progress report dated 5-27-2015, the injured worker had recently been seen in the emergency department. He was diagnosed with a transient ischemic attack (TIA). He had residual dysarthria, unbalanced gait and mild right facial droop. According to the pain medicine report dated 6-24-2015, the injured worker complained of back pain, shoulder pain and hip pain. He rated his least pain as 8, and his worst pain as 9. The pain was decreased by medication. He reported sleeping poorly. Physical exam was unremarkable. Authorization was requested for 12 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic): Physical Therapy Guidelines.

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

Decision rationale: The patient presents with back, shoulder, and hip pain rated 8-9/10. The request is for TWELVE (12) PHYSICAL THERAPY SESSIONS. The request for authorization is not provided. CT lumbar spine, 01/30/14, shows stable post surgical changes with stable mild spinal canal stenosis at L1-2; stable to slight progression in severe bilateral L4-5 neural foraminal narrowing. Physical examination of the back reveals tenderness to palpation over lumbar paraspinous area, tenderness throughout back, lumbar surgical scar noted and pain with facet loading maneuvers. Per progress report dated 07/09/15, the patient to remain off work. MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. Given the patient's condition, a short course of Physical Therapy would be indicated. Per physical therapy report dated 11/01/13, treater states, "[Patient] has received a total of 51 physical therapy treatments in our facility since April 2013." In this case, the request for 12 additional sessions of Physical Therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request IS NOT medically necessary.