

Case Number:	CM15-0162370		
Date Assigned:	08/28/2015	Date of Injury:	03/10/2014
Decision Date:	10/05/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/18/2015

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 48 year old female who sustained a work related injury March 10, 2014. She tripped and fell over a metal barrel, landing on her right knee and an outstretched left hand. She had immediate pain in the bilateral shoulders, right knee, and back. Diagnoses are spinal stenosis of lumbar region with neurogenic claudication; sciatica; lumbago; pain in joint shoulder and lower leg. According to a primary treating physician's progress report, dated August 7, 2015, the injured worker presented with complaints of right knee pain, left shoulder pain, and low back pain, with radiation down the right lower extremity, all rated 8 out of 10. She noted numbness and tingling in her foot with weakness, and at times, her foot will drag and give out. She has received 12 sessions of physical therapy for the knee and shoulder, oral anti-inflammatories, cortisone injection to shoulder, which gave her pain and swelling within the arm. Objective findings included; gait normal; lumbar spine-positive lower midline tenderness to palpation, range of motion flexion to shins with pain, extension 20 degrees with less pain, positive seated and supine straight leg raise; negative FABER test. Sensory is intact to light touch L2-S1 distribution. A lumbar spine MRI, dated July 16, 2015, revealed lumbar strain and right sciatica(likely right L5 radiculopathy); diffuse lumbar spondylosis and mild stenosis; left shoulder rotator cuff tendinosis; right knee pain, possible meniscal injury. At issue, is the request for authorization for physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbar Spine, Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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 March 2014 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 Physical Therapy, Lumbar Spine, Qty 12 is not medically necessary and appropriate.