

Case Number:	CM15-0165663		
Date Assigned:	09/03/2015	Date of Injury:	05/22/2003
Decision Date:	10/23/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 61 year old male who has reported widespread pain after he fell on 5-22-03. The diagnoses have included shoulder impingement, disc disorders of the spine, and fibromyalgia. The AME reports in 2011, 2012, and 2014 did not provide specific information relevant to the current treatment request other than noting multiple surgeries and multiple courses of physical therapy since the date of injury. Treatment has included cervical and lumbar fusions, shoulder arthroscopies, physical therapy, aquatic therapy, injections and medications. The injured worker underwent an L4-5 decompression and fusion on 4-24-15. The PR2 of 6/9/15 listed "PT" in the treatment plan. The work status was "temporarily totally disabled". The Request for Authorization of 6/15/15 and the prescription of 6/9/15 listed 18 visits of post-operative physical therapy, with multiple passive modalities. The PR-2 dated 7-21-15 mentions knee pain and "PT: 3XWK", with no discussion of the results or quantity of physical therapy completed. The treatment plan included "continue PT" and a "temporarily totally disabled" work status. On 8/11/15 Utilization Review non-certified 12 physical therapy visits, noting the completion of 18 visits in 2015 (per a phone call to the physician office), the MTUS recommendations, and the lack of functional improvement from prior physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: The MTUS for post-surgical physical medicine states that post-surgical physical therapy is for functional improvement. The recommended initial course of therapy for this condition is 17 visits. 18 visits were certified as an initial course. Based on the information obtained in the Utilization Review report, the injured worker had completed the 18 initial visits. The most recent PR2 in the medical records did not list the quantity of physical therapy completed but simply stated that physical therapy was in progress, approximately one month after it was initiated. There was no discussion of function or specific results of the physical therapy. The most recent PR2 states that the injured worker is unable to perform any and all work, which implies a complete lack of functional improvement. Given that this injured worker has completed a course of physical therapy recommended by the MTUS as an initial course, the lack of any reports which describe specific results from physical therapy, and the lack of physician reports describing specific functional improvement, the medical necessity for further physical therapy has not been established. The additional 12 visits of physical therapy are not medically necessary.