

Case Number:	CM15-0169447		
Date Assigned:	09/10/2015	Date of Injury:	10/01/1990
Decision Date:	10/07/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/28/2015

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 59 year old female, who sustained an industrial injury on 10-1-90. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for spinal stenosis, herniated nucleus pulposus (HNP) and sciatica. Medical records dated 7-23-15 through 7-30-15 indicate the injured worker complains of worsening ongoing low back pain and right knee pain. The record indicates the left knee is feeling much better. She reports physical therapy decreases pain from 9 out of 10 to 7 out of 10, about a 30% improvement. She has experienced flare up of back pain due to her antalgic gait from arthroscopic knee surgery complications and revision on 1-22-15. "Lumbar epidural steroid injection in 2012 and 2013 provided 3-4 months of improved mobility and activity tolerance." Physical exam notes cervical trigger points and decreased range of motion (ROM), lumbar tenderness to palpation, increased muscle rigidity, numerous trigger points and decreased range of motion (ROM) with guarding. There is right knee decreased range of motion (ROM) and left knee tenderness to palpation. Treatment to date has included physical therapy, lumbar magnetic resonance imaging (MRI) (8-23-13) reveals disc protrusion and facet arthropathy, surgery and medication. The original utilization review dated 8-24-15 indicates the request for 12 sessions of physical therapy is non-certified noting additional therapy including previous 12 sessions within the past year would exceed the recommended amount.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. 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. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed, but there is reference of 12 completed this year without support for additional PT visits under review. The submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. Submitted reports have also not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The 12 sessions of physical therapy is not medically necessary and appropriate.