MAXIMUS Federal Services

Case Number:	CM15-0169725		
Date Assigned:	09/10/2015	Date of Injury:	12/14/2013
Decision Date:	10/07/2015	UR Denial Date:	08/05/2015
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:

This is a 52-year-old male worker who was injured on 12-14-2013. The medical records reviewed indicated the injured worker (IW) was treated for lumbar radiculopathy and lumbar disc disorder with myelopathy. According to the progress notes dated 7-21-2015, the IW had increased back lower pain. He reported he fell, causing swelling of the right ankle and numbness over the right foot. On examination, the surgical scar on the midline was healing and the lumbar paravertebral muscles were tender to palpation with hypertonicity and spasms present bilaterally. Lumbar facet loading was positive bilaterally. Supine straight leg raising was positive on the right side at 70 degrees. Ankle and patellar reflexes were 1 out of 4 on the right and 2 out of 4 on the left. The lumbosacral junction was also tender on the right side. The neurological exam of the lower extremities was normal. Progress notes from 6-11-2015 stated the IW was doing well and his radicular pain was resolved since his surgery on 4-16-2015. He was due to start postoperative physical therapy the following week. Treatments to date include medications, including Ibuprofen; lumbar bilateral hemilaminotomies and resection of facet cysts (4-16-2015); physical therapy for several months; and self-directed exercise. The Initial Comprehensive Spine Consultation dated 2-2-2015 stated the IW had previous physical therapy for 4 to 6 months with continued symptoms. The IW is temporarily totally disabled. Electrodiagnostic testing in April 2014 showed evidence of lower extremity muscle injury, per the consultation notes. A Request for Authorization dated 7-31-2015 asked for physical therapy (PT) supervised exercise program for the lumbar spine (frequency and duration not indicated). The Utilization Review on 8-5-2013 denied the request for physical therapy supervised exercise program for the lumbar spine (frequency and duration not indicated) because the documentation did not support objective and functional improvement with the completed PT visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy supervised exercise program for the lumbar spine: Upheld

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

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

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 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 supervised exercise program for the lumbar spine is not medically necessary and appropriate.