

Case Number:	CM15-0183428		
Date Assigned:	09/24/2015	Date of Injury:	05/05/1999
Decision Date:	11/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/17/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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-work injury on 5-5-99. She reported initial complaints of back, shoulder, and neck pain. The injured worker was diagnosed as having lumbago, pain in joint, lower leg, and pain in shoulder. Treatment to date has included medication and physical therapy (5 sessions). Currently, the injured worker complains of chronic lower back pain, shoulder pain, knee pain, and cervical pain. She is having a flare up of lower back pain. Physical therapy had improved independence with core strengthen and walking for greater than 30 minutes a day. Per the primary physician's progress report (PR-2) on 7-23-15, the injured worker had met goals but has a flare up and wanted additional sessions. Exam notes decreased range of motion in the lumbar spine, hips, and cervical regions with tenderness with palpation. Current plan of care includes additional therapy. The Request for Authorization requested service to include 6 physical therapy sessions. The Utilization Review on 8-17-15 modified the request for physical therapy for 3 additional visits, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009. The patient has had 5 recent PT visits with improvement. The patient's surgical history includes bilateral knee, shoulder, wrist and feet surgery. The medication list includes Celebrex, Fluoxetine, Nortryptiline, Topamax, Tizanidine and Simvastatin.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions: 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: Request: 6 physical therapy sessions. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The patient has had 5 recent PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for 6 physical therapy sessions is not fully established for this patient.