

Case Number:	CM15-0186740		
Date Assigned:	10/01/2015	Date of Injury:	02/10/2015
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/22/2015

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 72 year old male who sustained a work-related injury on 2-10-15. He reported neck and low back injuries following an automobile accident and was diagnosed with chest, cervical and lumbosacral strain, and with low back pain and knee pain. Medical record documentation on 8-28-15 and 7-31-15 revealed the injured worker was being treated for lumbosacral sprain-strain, displacement of the lumbar intervertebral disc without myelopathy and neck sprain-strain. He reported low back and neck pain and noted that the pain was improved (8-28-15). His medications included Ibuprofen and Norco as needed (8-28-15 and 7-31-15). Objective findings on 8-28-15 included tenderness on the neck, and the suprascapular and intrascapular areas. He had tenderness at the lumbosacral area worse on the left side. He had a straight leg raise on the right to 90 degrees and on the left to 70 degrees. A request for physical therapy 2 times per week for 3 weeks for the lumbar and cervical spine was received on 9-10-15. On 9-17-15 the Utilization Review physician determined physical therapy 2 times per week for 3 weeks for the lumbar and cervical spine was not medically necessary based on California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 3wks lumbar and cervical spine: 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: 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 received at least 12 authorized PT sessions and should have 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 2xwk x 3wks lumbar and cervical spine is not medically necessary and appropriate.