

Case Number:	CM15-0189619		
Date Assigned:	10/01/2015	Date of Injury:	02/13/2014
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/25/2015

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 male individual who sustained an industrial injury on 2-13-14. He is on temporary alternate work status with restrictions. The medical records indicate that he has been treated for left inguinal hernia, status post-surgery; left hip pain; lower back pain; degenerative disc disease of the lower back. He currently (8-28-15) complains of pain in the back going down into the sciatic area and into the hip and groin. The injured worker feels that he is not improved. His pain level is 7-8 out of 10. On physical exam of the low back there was pain at L4-5 with some left sided spasm, pain on palpation to the sciatic area. He had a steroid injection over the gluteus medius insertion on 8-27-15 with no improvement; steroid injection on 1-29-15 with relief for 3 weeks. He takes ibuprofen which causes dyspepsia and is on Prilosec. He has completed physical therapy on 6-12-15 and continues to have pain, the number of sessions was not enumerated. Per the 8-27-15 progress note "he has failed reaming with non-steroidal anti-inflammatories and physical therapy. His diagnostics included MRI of the lumbar spine (5-15-15) showing cauda equina fibrolipoma, degenerative disc disease and joint disease, L4-5 posterior disc protrusion, L5-S1 posterior disc bulge; MRI of the pelvis (2-19-14) showing left glureus medius tendinitis. The request for authorization was not present. On 9-17-15 Utilization Review non-certified the requests for physical therapy for the low back 1 time per week for 6 weeks; physical therapy for the left hip 1 time per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for low back, once a week for six weeks: Upheld

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

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 2014 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 for low back, once a week for six weeks is not medically necessary and appropriate.

Physical Therapy, once a week for six weeks for the left hip: Upheld

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

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; however, 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 Physical Therapy, once a week for six weeks for the left hip is not medically necessary and appropriate.