

Case Number:	CM15-0190004		
Date Assigned:	10/02/2015	Date of Injury:	06/13/2010
Decision Date:	11/09/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/28/2015

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 female individual who sustained an industrial injury on 6-13-10. She is working 5 hours per day because she cannot tolerate the pain. She is being treated for lumbar spine strain-sprain; contusion foot-crush; piriformis syndrome. She currently (8-25-15) complains of low back pain and right foot pain. There is pain in the buttocks area and sciatic nerve radiating down the leg. Her pain level was 4 out of 10. She has sleeping difficulties. On physical exam, there was tenderness to palpation of the sciatic notch and right buttocks, full range of motion with significant pain in the right buttocks radiating down the leg, straight leg raise test positive on the buttocks for pain only; there was normal range of motion of the lumbar spine. She has had x-rays of the lumbar spine (8-25-15) normal. She has been treated with trigger point injections to the sciatic area with significant benefit; physical therapy with slight benefit (number of sessions and body parts were not identified); medications: Robaxin; Tylenol #3; Flector patches (current): (past) ibuprofen, Norflex and had good benefit. The request for authorization was not present. On 9-8-15 Utilization Review non-certified the requests for physical therapy 2 times per week for 4 weeks to the lumbar spine; physical therapy 2 times per week for 4 weeks to the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the lumbar 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: The patient sustained an injury on 6/13/10 and continues to treat for chronic ongoing symptoms. Recent exam of 8/25/15 showed full lumbar range with normal x-ray findings. Previous PT was noted to provide slight benefit. 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 2 times a week for 4 weeks for the lumbar spine is not medically necessary and appropriate.

Physical therapy 2 times a week for 4 weeks for the right foot: 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: The patient sustained an injury on 6/13/10 and continues to treat for chronic ongoing symptoms. Recent exam of 8/25/15 showed full lumbar range with normal x-ray findings without neurological deficits involving the right foot. Previous PT was noted to provide slight benefit. 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 2 times a week for 4 weeks for the right foot is not medically necessary and appropriate.