

Case Number:	CM15-0190941		
Date Assigned:	10/05/2015	Date of Injury:	05/13/2015
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
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:

This is a 49 year old male with a date of injury of May 13, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for back pain, shoulder joint pain, and muscle spasm. Medical records dated June 3, 2015 indicate that the injured worker complained of increased back pain. A progress note dated August 20, 2015 documented complaints of lower back pain and left shoulder pain rated at a level of 8 out of 10 and 0 out of 10 with medications. The physical exam dated June 3, 2015 reveals tenderness to palpation just inferior to the left scapula. The progress note dated August 20, 2015 documented a physical examination that showed increased tone and pain of the bilateral lumbar paraspinal muscles, and restricted range of motion of the lumbar spine with pain. Treatment has included medications (Tizanidine 2mg since August of 2015; Norco 5-325mg and Prilosec 40mg since at least July of 2015), and bilateral lumbar facet-medial branch blocks (June 17, 2015). The treating physician documented (August 20, 2015) that the injured worker was to "Continue physical therapy to get strength and endurance back to get back to work". The original utilization review (September 16, 2015) non- certified a request for physical therapy (therapeutic exercises, manual therapy, electrical stimulation, ultrasound) three times a week for two weeks for the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (therapeutic exercises, manual therapy, electrical stimulation, ultrasound) 3 x 2 for the back: Upheld

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

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 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 Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received previous 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 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 (therapeutic exercises, manual therapy, electrical stimulation, ultrasound) 3 x 2 for the back is not medically necessary and appropriate.