

Case Number:	CM15-0191186		
Date Assigned:	10/05/2015	Date of Injury:	02/04/2015
Decision Date:	11/10/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/29/2015

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 55 year old female who sustained an industrial injury on 2-4-15. The diagnosis is noted as pain in thoracic spine and lumbago. Previous treatment includes at least 10 physical therapy visits and MRI-thoracic spine. In a progress report dated 8-18-15, the physician notes she is attending physical therapy, which "helps a lot." A thoracic spine MRI done 8-13-15 is noted to describe mild degenerative signal changes in disc spaces T4-T10, normal examination of the thoracic cord, and no disc protrusion or extrusion and neural foramina on central canal stenosis. Objective exam reveals a tender upper scapular area, no winging of scapula, and no changes in the neuro evaluation. The treatment plan is physical therapy 2 times a week for 3 weeks. A physical therapy note dated 8-17-15 reports progress towards goals and her tolerance to treatment is good. There is decreased muscle tension from the previous visit, however she is still tender with soft tissue work. It is noted she would benefit from postural strength for upper crossed syndrome and mobilizations to the thoracic and cervical spine. Work status is return to work with restrictions. A request for authorization is dated 8-19-15. The requested treatment of physical therapy (thoracic, lumbar) was non-certified on 8-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (thoracic, lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received at least 10+ 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 (thoracic, lumbar) is not medically necessary and appropriate.