

Case Number:	CM15-0192511		
Date Assigned:	10/06/2015	Date of Injury:	05/23/2015
Decision Date:	11/13/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/30/2015

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 52 year old female who sustained an industrial injury on May 23, 2015. Recent primary treating follow up dated September 14, 2015 reported subjective complaint of "back pain and some days worse." There is still "radiating pain to right leg." Current medications showed: Vimovo, amitriptyline, Buspirone, and Pennsaid topical ointment. Of note, physical therapy session is still pending authorization. A primary treating office visit dated August 17, 2015 reported subjective complaint of constant back pain radiating to the right leg and knee. The following were applied to this visit: lumbar disc displacement; radiculopathy; lumbar sac disc degeneration; spinal stenosis lumbar, and generalized anxiety disorder. The plan of care is with recommendation for physical therapy 12 sessions treating lumbar spine. On June 29, 2015 a request was made for a course of physical therapy session treating the lumbar spine that was non-certified by Utilization Review on September 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Physical Therapy, three times a week for the lumbar spine QTY 12 DOS: 6/29/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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 is not clear how many PT sessions has been completed; however, there is no documented 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 should have been instructed on a home exercise program. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. 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 Retrospective Physical Therapy, three times a week for the lumbar spine QTY 12 DOS: 6/29/2015 is not medically necessary and appropriate.