

Case Number:	CM15-0194137		
Date Assigned:	10/08/2015	Date of Injury:	05/20/2015
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/02/2015

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 46 year old man sustained an industrial injury on 5-20-2015. Diagnoses include left hemopneumothorax status post thoracotomy, right ankle fracture status post open reduction and internal fixation, left tibial plateau fracture, lumbar spine vertebral body fractures, lumbar spine transverse process fractures, bilateral rib fractures, epidural hematoma with spinal canal stenosis, lumbar interspinous ligament injury, pulmonary embolism, urinary retention, and bacterial pneumonia (resolving). Treatment has included oral medications, thoracic-lumbar-sacral orthotic brace, CAM boot, hinged knee brace, inferior vena cava filter was placed, intravenous antibiotics, and multiple surgical interventions. Physician notes dated 6-8-2015 show complaints of pain to the low back, chest, and right ankle. Recommendations include discharge from the hospital to a skilled nursing facility for continued physical therapy and reconditioning. Further request include occupational therapy for the hip, however, it is not clear if the worker is still residing in a skilled nursing facility or has been discharged to home. No requests are identified for physical therapy to the lumbar spine. Utilization Review denied a request for outpatient physical therapy to the lumbar spine on 9-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy to lumbar spine 2 times a week over 10 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The 46 year old patient presents with left hemothorax, stable status post thoracotomy; right ankle fracture, status post open reduction and internal fixation; left tibial plateau fracture; L2-3 vertebral body fractures, non-operative; L-L3 transverse process fractures, non-operative; bilateral 3-5 rib fractures; epidural hematoma extending from L1-2 to L3-4 with severe stenosis at L2; L3-L5 interspinous ligament injury; pulmonary embolism; urinary incontinence; and bacterial pneumonia; as per discharge report dated 06/05/15. The request is for Outpatient Physical Therapy to lumbar spine 2 times a week over 10 weeks. There is no RFA for this case, and the patient's date of injury is 05/20/15. The patient is status post 30 foot fall, as per discharge report dated 06/05/15. Medications, as per the same report, included Gabapentin, Tylenol, Colace, Hydrocortisone cream, Magnesium oxide, Miralax, Senna 2, and Flomax. The patient also complains of traumatic arthritis of right ring PIP joint, as per progress report dated 09/03/15. The patient is off work, as per hospital discharge report, dated 06/05/15. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, none of the progress reports appear to discuss the request. Multiple handwritten physical therapy progress notes are available for review. However, these reports are difficult to decipher. While the patient was authorized to receive 12 sessions of physical therapy to the knee, as per notice for authorization dated 09/28/15, there is no indication of the number of therapy sessions to lower back until now. The Utilization Review denial letter also states that the patient had previous PT numbers sessions unspecified. There is no documentation of impact of prior therapy on the patient's pain and function. The treater does not explain why the patient has not transitioned to a home exercise regimen. Additionally, MTUS only allows for 8-10 sessions of PT in non-operative cases, and the treater's request for 20 sessions exceeds that limit. Hence, the request IS NOT medically necessary.