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| Case Number: | CM15-0195135 | | |
| Date Assigned: | 10/08/2015 | Date of Injury: | 08/11/2012 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/22/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

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, Hawaii

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 70 year old female who sustained an industrial injury on 08-11-2012. A review of the medical records indicated that the injured worker is undergoing treatment for Grade 3 spondylolisthesis of L5-S1, right hip degenerative joint disease and asthma. According to the treating physician's progress report on 08-19-2015, the injured worker continues to experience severe low back pain made worse with all activities. The injured worker was observed to have a slow, guarded gait with difficulty rising from a seated to a standing position with a forward flexed posture. Range of motion was markedly restricted with pain in all planes. Motor and sensory function of the lower extremities was intact. According to the provider, the injured worker has pulmonary problems which prevent invasive therapy such as epidural steroid injections or surgery. Prior treatments have included diagnostic testing, acupuncture therapy, physical therapy and medications. Past physical therapy was noted "to provide some decrease in her pain level". Current medication was noted as Mobic. Treatment plan consists of continuing to work with hour restrictions and the current request for physical therapy twice a week for 6 weeks. On 09-22-2015 the Utilization Review determined the request for physical therapy twice a week for 6 weeks was not medically necessary.

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 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure.

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

Decision rationale: The patient presents with constant, severe low back pain. The current request is for Physical Therapy 2 times a week for 6 weeks. The treating physician's report dated 04/06/2015 (4B) states, "She states that all she wants is a course of physical therapy. I once again request authorization for physical therapy twice a week x 6 weeks." The 08/19/2015 (6B) report also notes, "She states that physical therapy is the only thing that has helped her in the past as she got no relief with acupuncture therapy." Physical therapy reports were not provided for review. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. It does not appear that the patient has had any recent physical therapy. While a short course of physical therapy is appropriate to address the patient's symptoms, the request exceeds MTUS guidelines. The current request is not medically necessary.