

Case Number:	CM15-0195509		
Date Assigned:	11/04/2015	Date of Injury:	05/07/2015
Decision Date:	12/16/2015	UR Denial Date:	09/29/2015
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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 05-07-2015. Diagnosis included low back strain, bilateral shoulder strain, left hip strain. Comorbid conditions include morbid obesity (BMI 47.0). Treatment has included physical therapy and medications. Lumbar MRI on 6-24-2015 showed multilevel spondylosis and mild degenerative disc changes at L3-4 and L4-5 without significant stenosis. According to a physical therapy re-evaluation dated 07-23-2015, the injured worker had been receiving treatment since 05-27-2015 and had 12 treatment sessions. However, as of that visit she still had pain rated 8 out of 10 with left leg numbness. Exam noted range of motion was limited in all directions and strength was 4 / 5. Treatment plan included discontinuation physical therapy as only minimal progress had been made, pain was constant with no position of relief and she was not able to tolerate the therapy. According to an initial orthopedic comprehensive report dated 08-14-2015, the injured worker reported constant pain in her low back with radiating pain going down the coccyx area and her legs. Pain intensity was rated 7 on a scale of 1-10. Current medications included Flexeril, Valium and medication for asthma and hypertension. Exam findings included decreased lumbar range of motion, positive straight leg raise bilaterally, decreased sensation in L4-S1 dermatomes bilaterally and decreased muscle strength (4/5) in foot flexors bilaterally. Recommendations included x-ray of the lumbar spine and physiotherapy. On 09-29-2015, Utilization Review non-certified the request for physiotherapy (lumbar) 3 times weekly for 6 weeks, 18 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy (lumbar) 3 times weekly for 6 weeks, 18 sessions: 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: Shoulder; Low Back; Preface - Physical therapy/chiropractic guidelines.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Summary, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy or physiotherapy is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the Physical Therapy clinic and at home. According to the MTUS, goal directed physical therapy for low back pain should show a resultant benefit by 10 sessions over an 4 week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommends that physical therapy for patients with delayed recovery be time contingent. This patient has a chronic musculoskeletal conditions that will require repeat physical therapy treatments for exacerbation of pain. Although repeat physical therapy is effective for exacerbations of chronic musculoskeletal conditions the therapy should follow the above recommendations and a good home exercise program will be key to prevent recurrent flare-ups. The patient's prior physical therapy was not effective. Since the patient is not experiencing an exacerbation of her pain, extending her physical therapy beyond the above MTUS guidelines without giving good cause is not indicated at this point in this patient's care. Medical necessity for physical therapy has not been established.