

Case Number:	CM15-0196128		
Date Assigned:	10/09/2015	Date of Injury:	09/28/1995
Decision Date:	11/24/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/06/2015

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: Pennsylvania, Ohio, 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 58 year old male, who sustained an industrial injury on 09-28-1995. He has reported subsequent low back and bilateral lower extremity pain and was diagnosed with lumbar radiculopathy. Other diagnoses included hypertension, fatty liver and diabetes mellitus. Treatment to date has included oral pain medication, which was noted to provide some pain relief. It's unclear as to whether the injured worker had received physical therapy and whether there had been any objective functional improvement with any previous visits that may have been received. The majority of progress notes submitted are illegible or difficult to decipher. In a progress note dated 08-03-2015, the injured worker reported lumbar spine pain with radiation to the legs. Pain medication was noted to be helping. Pain was rated as 9 out of 10 without medications and 5 out of 10 with medications. In a progress note dated 09-14-2015, the injured worker reported lumbar spine pain with radiculopathy. The remainder of subjective complaints was illegible. Objective findings revealed decreased range of motion of the lumbar spine and spasm of the thoracic spine. Work status is unclear. The physician noted that the plan included a request for 8 sessions of physical therapy. A request for authorization of 8 sessions of physical therapy was submitted. As per the 09-18-2015 utilization review, the request for 8 sessions of physical therapy was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy: 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: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.