

Case Number:	CM15-0197549		
Date Assigned:	10/13/2015	Date of Injury:	03/31/2009
Decision Date:	11/19/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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 49 year old female, who sustained an industrial injury on 3-31-2009. The injured worker is being treated for cervical radiculopathy, lumbar disc displacement, lumbar facet arthropathy, lumbar radiculopathy, medication related dyspepsia and chronic pain. Treatment to date has included diagnostics, medications, and cervical epidural steroid injection C4-6 (12-2012) which provided 50-80% relief, acupuncture, and trigger point injections. Per the Pain Medicine Evaluation dated 8-04-2015, the injured worker presented for pain medicine follow-up and reevaluation. She reported neck pain, low back pain and upper extremity pain that was worsened since the last visit and rated as 9 out of 10 in intensity on average since the last visit with the use of medications, and 10 out of 10 in intensity on average without medications since the last visit. Objective findings included tenderness and spasm in the cervical spine with moderately restricted range of motion secondary to pain. A Toradol injection was administered at this visit. There was tenderness of the lumbar spine and pain was significantly increased with flexion and extension. Per the medical records dated 5-05-2015 to 8-04-2015 there is no documentation of prior physical therapy benefit or outcome. The IW is not currently working. The plan of care included, and authorization was requested for physical therapy 1-2 times per week for 4 weeks (1-2 x 4). On 9-30-2015, Utilization Review modified the request for physical therapy (1-2 x 4).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; one to two per week for four weeks (1-2 x 4): 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 chronic 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 Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated 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 has been instructed on a home exercise program for this chronic 2009 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit with patient remaining not working. The Physical therapy; one to two per week for four weeks (1-2 x 4) is not medically necessary and appropriate.