

Case Number:	CM15-0197735		
Date Assigned:	10/13/2015	Date of Injury:	03/24/2015
Decision Date:	11/20/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/08/2015

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 55 year old male, who sustained an industrial injury on 3-24-15. The injured worker was diagnosed as having right sciatica and lumbar disc degeneration. Medical records (7-21-15 through 8-25-15) indicated 6-7 out of 10 pain in the lower back. The work status is restricted duty. The physical exam (4-28-15 through 8-25-15) revealed increasing lumbar flexion from 20-90 degrees and extension from 20-30 degrees. As of the PR2 dated 9-9-15, the injured worker reports pain in his lower back. He rates his pain 7 out of 10. Objective findings include lumbar flexion 30 degrees, extension 10 degrees and lateral flexion 20 degrees bilaterally. There is also a negative straight leg raise test bilaterally. Treatment to date has included physical therapy for the lower back (started on 4-8-15) and Ibuprofen. The treating physician requested additional outpatient physical therapy to the lumbar spine 3 x weekly for 2 weeks. The Utilization Review dated 9-16-15, non-certified the request for additional outpatient physical therapy to the lumbar spine 3 x weekly for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Additional Physical Therapy to the Lumbar Spine Three (3) Times a Week for Two (2) Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain. 1997 May;71(1):5-23. An assessment of the efficacy of physical therapy and physical modalities for the control of chronic musculoskeletal pain.

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

Decision rationale: Review indicates the patient has completed at least 18 PT visits to date for this March 2015 injury, now with request for an additional 6 visits. 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 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 Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received previous 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 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. The Outpatient Additional Physical Therapy to the Lumbar Spine Three (3) Times a Week for Two (2) Weeks is not medically necessary and appropriate.