

Case Number:	CM15-0197966		
Date Assigned:	10/13/2015	Date of Injury:	02/18/2015
Decision Date:	11/20/2015	UR Denial Date:	09/17/2015
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 50 year old female, who sustained an industrial injury on 2-18-15. The injured worker was diagnosed as having lumbago, cervicgia and thoracic pain. Medical records (3-19-15 through 7-8-15) indicated pain in her bilateral shoulders, neck and lower pain. The physical exam (5-29-15 through 7-8-15) revealed decreased left shoulder and thoracic range of motion. As of the PR2 dated 9-9-15, the injured worker reports neck and low back pain. She rates her neck pain 4 out of 10 and her low back pain 6 out of 10. Objective findings include tenderness to palpation in the lower back and neck, a positive straight leg raise test and normal strength and sensation in the bilateral upper extremities. The treating physician noted that the injured worker has not had physical therapy, chiropractic or acupuncture treatments for her lower back. Treatment to date has included Nabumetone, Naprosyn and Zanaflex. The treating physician requested physical therapy x 12 visits. The Utilization Review dated 9-17-15, modified the request for physical therapy x 12 visits to physical therapy x 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x12 visits: 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) 2015, Low Back Chapter, Physical therapy.

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

Decision rationale: Review indicates the request for PT was modified to 6 visits for this February 2015 injury. 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, and functional status. Clinical findings reported normal motor strength and sensation without neurological deficits. 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 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 neurological deficits to support for formal PT in a patient that should be transitioned to an independent HEP. 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 Physical therapy x12 visits is not medically necessary and appropriate.