

Case Number:	CM15-0202084		
Date Assigned:	10/19/2015	Date of Injury:	09/10/2014
Decision Date:	11/25/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/14/2015

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: New York
 Certification(s)/Specialty: Internal 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 59 year old male, who sustained an industrial injury on 9-10-2014. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for lumbar strain and left and right shoulder strain. Medical records dated 7-17-2015 and 9-8-2015 indicate the injured worker complains of shoulder pain and constant back pain that started radiating down the right leg with no known reason. The treating physician does not indicate physical exam findings other than intact light touch sensation of the right leg on exam dated 9-8-2015. Physical exam is unchanged from 8-4-2015. Treatment to date has included X-rays, magnetic resonance imaging (MRI), injection and oral and topical medication. The original utilization review dated 10-2-2015 indicates the request for physical therapy 2 X 6 of the lumbar spine is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week times 6 weeks of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Low Back-Lumbar & Thoracic (Acute & Chronic), Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

Decision rationale: According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Per ODG, patients should be formally assessed after a "6-visit trial" to see progress made by patient. When the duration and/or number of visits have exceeded the guidelines, exceptional factors should be documented. Additional treatment would be assessed based on functional improvement and appropriate goals for additional treatment. According to the records, this patient has had a total of 6 previous physical therapy sessions and there is no documentation indicating that he had a defined functional improvement in her condition. There is no specific indication for the additional 12 PT (2x6) sessions requested, and the additional visits exceed the MTUS and ODG guidelines. Medical necessity for the additional PT visits requested, has not been established. The requested services are not medically necessary.