

Case Number:	CM15-0207259		
Date Assigned:	10/26/2015	Date of Injury:	11/08/2005
Decision Date:	12/07/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/21/2015

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 61-year-old male who sustained an industrial injury on 11-08-2005. Medical records indicated the worker was treated for Myofasciitis of the cervical spine, Thoracalgic Myofasciitis, Spasm of muscles, Cervicalgia, Lumbar Myositis, and Lumbar intervertebral disc. In the provider notes of 07-15-2015, the worker has subjective complaints of mid back pain described as aching, dull, and deep. Pain is reduced by lying down, medication and resting while bending. Housework, lifting, prolonged sitting, working, and activities of daily living aggravate the pain. There is no rating of the mid back pain. He also complains of a flare up of pain in the lower back that he rates as a 7 on a scale of 0-10. This pain is also made better by lying down, medication and resting while bending. Lifting, prolonged sitting, prolonged standing, repetitive bending, prolonged walking, and activities of daily living aggravate the pain. On examination of his lumbar spine, there is decreased range of motion in all planes, and he has moderate pain with flexion and extension. He has mild pain with lateral bending to the right or left. Kemps was positive bilaterally. Patrick-Fabere test was positive bilaterally. Straight leg raise had pain at 70 degrees bilaterally. There is no record of prior physical therapy treatment or response included in the medical records reviewed. A request for authorization was submitted for Physical therapy 6 sessions to the cervical and lumbar spine 2x3. A utilization review decision 09-28-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 sessions to the cervical and lumbar spine 2x3: 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: Review indicates the patient sustained an injury to the cervical and lumbar spine on 11/8/05 and continued to treat for chronic symptom complaints. The patient has received previous PT; however, the total quantity and functional outcome are not provided. Symptoms and clinical findings remain unchanged. Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider has continued monitoring of successful outcome is stressed by MTUS guidelines. 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. Submitted reports have no acute flare-up or specific physical limitations to support for physical/occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization from the formal physical therapy already rendered to support further treatment for this chronic 2005 injury. There has not been a change in neurological compromise or red-flag findings demonstrated for PT at this time. Submitted reports have also not adequately identified the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy 6 sessions to the cervical and lumbar spine 2x3 is not medically necessary and appropriate.