

Case Number:	CM15-0207517		
Date Assigned:	10/26/2015	Date of Injury:	07/22/2014
Decision Date:	12/07/2015	UR Denial Date:	09/25/2015
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 54 year old female, who sustained an industrial injury on 7-22-2014. The injured worker is undergoing treatment for: low back pain, cervical spinal stenosis, right shoulder impingement, lumbar spine multi-level disc herniation's. On 6-4-15 and 7-16-15, she reported low back pain. Physical examination revealed spasm in the low back with positive straight leg raise, tenderness and decreased range of motion in the low back. On 8-27-15, she reported pain to multiple body parts including shoulder, neck, right arm, and back. On physical examination she is noted to have trigger points in multiple areas and spasm and radicular pain to the right leg, and noted positive straight leg raise testing. The treatment and diagnostic testing to date has included: medications. Medications have included: naproxen. Current work status: restricted. The request for authorization is for: physical therapy two times a week for 6 weeks for the lumbar spine. The UR dated 9-25-2015: non-certification of physical therapy two times a week for 6 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 6 wks Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

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

Decision rationale: 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's 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 2014 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 an additional 12 PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy 2xwk x 6 wks Lumbar is not medically necessary and appropriate.