

Case Number:	CM15-0207748		
Date Assigned:	10/26/2015	Date of Injury:	03/19/2012
Decision Date:	12/07/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/22/2015

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 59 year old female, who sustained an industrial injury on 03-19-2012. She has reported injury to the neck, right hip, and low back. The diagnoses have included musculoligamentous sprain lumbar spine with right lower extremity radiculitis; L4, L5, and S1 radiculopathy; musculoligamentous sprain cervical spine with upper extremity radiculitis; right C5, C6 and left C5, C6, and C7 radiculopathy; internal derangement, right hip; and status post right total hip replacement, on 03-12-2015. Treatment to date has included medications, diagnostics, ice, massage therapy, physical therapy, and surgical intervention. Medications have included Ibuprofen. A progress note from the treating physician, dated 09-21-2015, documented a follow-up visit with the injured worker. The injured worker reported ongoing low back pain across the low back with cramping for the past month on both thighs and back of the lower extremities, more on the right; there is increased pain in the neck and a lot of stiffness; there is limited range of motion; there is occasional sharp pain in the right hip, but there is improvement; she indicates she is walking with a limp; she is attending therapy and has had two sessions, which is helping with her stiffness and range of motion; and she is not working. Objective findings included tenderness over the right sciatic notch. The physical therapy record, dated 09-25-2015, documented that the injured worker reported decreased neck and back pain, and increased mobility and strength. The treatment plan has included the request for physical therapy 2 times a week for 8 weeks, neck, back, and right hip. The original utilization review, dated 10-12-2015, non-certified the request for physical therapy 2 times a week for 8 weeks, neck, back, and right hip.

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 for 8 weeks, neck, back and right hip: 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: 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 chronic 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 Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant 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 chronic March 2012 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 Physical therapy 2 times a week for 8 weeks, neck, back and right hip is not medically necessary and appropriate.