

Case Number:	CM15-0215406		
Date Assigned:	11/05/2015	Date of Injury:	08/05/1996
Decision Date:	12/16/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/02/2015

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 62 year old female who sustained an industrial injury on 08-05-1996. Medical records indicated the worker was treated for sprains-strains sacroiliac region, discogenic syndrome, and sprains-strains of the neck. In the provider's notes of 10-13-2015, the worker is seen for complaint of chronic low back pain, neck pain, and hand pain. Objective findings include decreased range of motion, muscle spasm, positive MRI, and spinal stenosis L4-5. The worker had been seen in the emergency room on 10-09-2015 for falling when getting out of bed. She fell onto her right side and rolled onto her right pelvis-hip-knee. X-rays of the right hip and right knee found no acute fractures or dislocation. A request for authorization was submitted for Physical Therapy 2x6. A utilization review decision 10-26-2015 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 2x6: 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 report of 8/24/15 noted patient reporting multiple flare-ups 50% of the year. The patient was instructed in a home exercise program. Provider's report noted recent fall out of bed with unremarkable x-rays performed. The Chronic Pain Guidelines allow for 8-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has acute flare-up with clinical findings to support for formal PT and therapy visits is medically appropriate to allow for relief and re-instruction on a home exercise program for this chronic 1996 injury. However, guidelines allow for 8-10 visits of therapy with fading of treatment to an independent self-directed home program. Submitted reports have adequately not demonstrated the indication to support for excessive quantity of 12 PT visits beyond guidelines criteria for flare-up especially in light of recent PT report from the therapist noting instructions for an independent HEP. Medical necessity has not been established for unchanged clinical findings and chronic symptoms for this 1996 injury. The Physical Therapy 2x6 is not medically necessary and appropriate.