

Case Number:	CM15-0216986		
Date Assigned:	11/06/2015	Date of Injury:	10/07/2014
Decision Date:	12/18/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/04/2015

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 72 year old female, who sustained an industrial injury on 10-7-2014. Diagnoses include history of a fall, left pubic ramus fracture, right thigh pain, myofascial pain, osteoporosis, mild head injury, and possible anxiety and-or depression. Treatments to date include activity modification and 37 physical therapy sessions. On 10-15-15, the record documented a fall with pelvic fracture "that was slow to heal." She complained of headaches and dizzy spells, and ongoing pain in the right inner thigh, and states "every step hurts." The physical examination documented an awkward stiff gait with limited range of motion in the hips bilaterally. There was tenderness over the greater trochanteris. The plan of care included physical therapy to the right lower extremity and cervical spine. The appeal requested authorization for twenty four (24) physical therapy sessions, three times per week for eight weeks, for right lower extremity; and nine (9) physical therapy sessions to the cervical spine, three times weekly for three weeks. The Utilization Review dated 10-28-15, denied the request for physical therapy for right lower extremity, and modified the request to allow for two (2) physical therapy sessions for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times weekly for 8 weeks for the right lower extremity per 10/15/15 order qty: 24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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. Although it has been reported the patient had improvement with therapy; 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 with what appears to be 37 PT sessions to support further treatment. 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 additional 24 PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy 3 times weekly for 8 weeks for the right lower extremity per 10/15/15 order qty: 24 is not medically necessary and appropriate.

Physical therapy 3 times weekly for 3 weeks for the cervical spine per 10/15/15 order qty: 9: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Review indicates the request for PT to the cervical spine was modified for 2 sessions for transition to a home exercise program. 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 October 2014 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 3 times weekly for 3 weeks for the cervical spine per 10/15/15 order qty: 9 is not medically necessary and appropriate.