

Case Number:	CM15-0218792		
Date Assigned:	11/10/2015	Date of Injury:	02/26/2014
Decision Date:	12/21/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/06/2015

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 63 year old female, who sustained an industrial injury on 2-26-2014. The medical records indicate that the injured worker is undergoing treatment for lumbar spondylosis and lumbar radiculitis. According to the progress report dated 9-29-2015, the injured worker reports that she has done physical therapy for the lumbar spine with benefit, although she does have persistent pain, severe at times. The level of pain is not rated. The physical examination of the lumbar spine reveals antalgic gait and moderate tenderness over the paravertebral muscles. Range of motion; flexion is to 40 degrees, extension is to 0 degrees, and right and left lateral bending is to 5 degrees, all with increased low back pain. The current medications are not indicated. Previous diagnostic studies include x-rays and MRI of the lumbar spine. Treatments to date include medication management and 8 physical therapy sessions. The physical therapy assessment from 10-1-2015 (8th visit) states that the patient is tolerating treatments well, has improved over 50% over the last month with remaining deficits and decreased range of motion, decreased strength and difficulties performing self-care needs and activities of daily living requiring end range reaching, lifting, poor walking endurance or activities requiring bending at the waist. Work status is described as permanent and stationary. The original utilization review (10-16-2015) had non-certified a request for 8 additional physical therapy sessions to 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 2 times a week for 4 weeks for the lumbar spine: 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: 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 8-10 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. 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 for this February 2014 injury. The physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary and appropriate.