MAXIMUS Federal Services

Case Number:	CM15-0219198		
Date Assigned:	11/12/2015	Date of Injury:	09/17/2014
Decision Date:	12/22/2015	UR Denial Date:	10/20/2015
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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 79 year old male sustained an industrial injury on 9-17-14. Documentation indicated that the injured worker was receiving treatment for low back pain and a sub-acute fracture at T12. Previous treatment included physical therapy (at least 28 sessions) and medications. In a physical therapy progress note dated 7-28-15, the injured worker complained of pain rated 3 out of 10 on the visual analog scale. The injured worker was performing balance exercises daily. The physical therapist noted that the injured worker was still "very unsteady" and was still at risk for falling. The therapist recommended continuing with strengthening and balance exercises. In a request for authorization dated 10-11-15, the injured worker complained of pain to the T12 area and low back. The physician noted that the main issue was balance and having to hang onto the rails when walking downstairs and balance issues when standing in one spot. The injured worker was requesting additional physical therapy. The physician stated that he was uncertain how many physical therapy sessions the injured worker had done. Physical exam was remarkable for "a little focal tenderness over T12. The injured worker was working modified duty. The treatment plan included requesting authorization for six additional sessions of physical therapy for proprioception." On 10-20-15, Utilization Review non-certified a request for physical therapy twice a week for three weeks to the lumbar spine for proprioception.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 3 to the lumbar spine for proprioception: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Physical Therapy Guidelines.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127. This claimant is 79, and injured just over a year ago. There is still back pain; and there are balance issues as well. The injured worker requested more therapy. There have been at least 28 sessions of past therapy. Objective functional improvement and the therapy's role in improving balance is not known. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. In addition, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point to address the proprioception issues. If not better with 28 sessions, it is not clear what added benefit would be gained. In addition, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy is not medically necessary.