MAXIMUS Federal Services

Case Number:	CM15-0060797		
Date Assigned:	04/07/2015	Date of Injury:	08/03/2011
Decision Date:	05/06/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	03/31/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male who sustained an industrial injury on 08/03/11. Initial complaints and diagnoses are not available. Treatments to date include medications, home exercise program, and physical therapy. Diagnostic studies are not addressed. Current complaints include neck, low back and thoracic pain. In a progress note dated 03/18/15 the treating provider reports the plan of care as continued medication including pantoprazole, tramadol, orphenadrine, and Medrox patches. Also recommended was physical therapy. A urine drug screen was performed on the day of service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 8 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in August 2011 and continues to be treated for neck, thoracic spine, and low back pain. Treatments have included physical therapy and the requesting provider documents a continued home exercise program. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of additional skilled physical therapy services being requested would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is not medically necessary.