

Case Number:	CM15-0082922		
Date Assigned:	05/05/2015	Date of Injury:	08/20/2014
Decision Date:	06/03/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/29/2015

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 44 year old female patient who sustained an industrial injury on 08/20/2014. The patient fell from a ladder four feet landing on her back and right elbow. She has not worked since the accident. Past treatment to include: physical therapy course, home exercise program, and oral analgesia. She reports taking Ibuprofen, along with Advil. The pain encompasses the entire spine and is constant also radiates to right scapula from cervical spine and down the right posterolateral leg. A follow up visit dated 03/11/2015 described the patient diagnosed with myofascial injury to lumbar spine accentuating the lumbosacral degenerated disc. The plan of care noted the patient is not a good candidate for either injections or surgical intervention. There is strong recommendation for weight loss program and further conditioning exercise. She will remain temporary totally disabled. Another primary treating office visit dated 10/15/2014 reported the patient with subjective complaint of having had no improvement in the low back pain, and still with complaint of upper back, neck pain, right hand numbness and nocturnal symptoms. Of note, she has finished a course of physical therapy without improvement, and continues to participate in a home exercise program. She is working modified work duty and reports the pain increasing with heavy lifting or prolonged standing. Objective findings showed lumbar spine range of motion limited due to pain, guarded and with tender paralumbar muscles; along with spasm. There is tenderness over the both lateral and medial epicondyle. The right forearm is tender on common flexor muscles, and with swelling. The following diagnoses are applied: right trapezius strain, and lumbar muscle strain, numbness and tingling of skin. The plan of care involved: continue with medications, Ibuprofen with meals,

Flexeril at HS, lumbar spine brace, radiography study, electric nerve conduction study, ice application as needed, home exercise program, and return for follow up in 2 weeks. A follow up visit dated 11/18/2014 reported improved subjective complaints of decreased lumbar spine pain after chiropractic treatment lasting about three hours. She is still with complaint of upper back, neck pain, and right hand numbness, along with insomnia. There is no change in either objective assessment or treating diagnoses. She is pending an upcoming nerve conduction study on 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbar Spine, 2 times weekly for 3 weeks, 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: 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 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, Lumbar Spine, 2 times weekly for 3 weeks, 6 sessions is not medically necessary and appropriate.