

Case Number:	CM15-0083008		
Date Assigned:	05/05/2015	Date of Injury:	12/29/2014
Decision Date:	06/03/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/30/2015

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(n) 55 year old male, who sustained an industrial injury on 12/29/14. He reported pain in his lower back after he slipped and fell on a wet floor. The injured worker was diagnosed as having lumbar sprain. Treatment to date has included physical therapy 1x weekly for 6 weeks and Tramadol. As of the PR2 dated 3/17/15, the injured worker reports moderate low back pain. He indicated that his symptoms have improved since his last visit. The treating physician noted pain in the low back during range of motion testing and tenderness in the paraspinal musculature. The treating physician requested physical therapy 2x weekly for 6 weeks for 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 x per week x 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 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. 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 at least 6 therapy sessions without specific changed in functional condition. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for additional formal PT for 12 sessions beyond guidelines recommendation of 9-10 visits. 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 2 x per week x 6 weeks for the lumbar spine is not medically necessary.