

Case Number:	CM15-0087341		
Date Assigned:	05/11/2015	Date of Injury:	01/27/2014
Decision Date:	06/11/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/06/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 61 year old male who sustained an industrial injury on 01/27/2014. Current diagnoses include left inguinal hernia, chronic low back pain, and left sacroiliac joint pain. Previous treatments included medication management, physical therapy, home exercise program, and epidural injections. Report dated 03/04/2015 noted that the injured worker presented with complaints that included chronic low back and bilateral leg pain that radiates. Pain level was not included. Physical examination was positive for guarding during the low back exam, reduced sensation, and reclining straight leg raises bilaterally with leg pain. The treatment plan included continue home exercise, medications, and request for physical therapy. Documentation submitted supported that the injured worker completed 6 physical therapy visits. Disputed treatments include physical therapy 1-2 time a week, for 3 -6 weeks, in treatment of the back and bilateral legs, quantity 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1-2 time a week, for 3 -6 weeks, In treatment of the Back and Bilateral Legs, quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 1 to 2 times per week for 3 to 6 weeks for treatment back and bilateral legs #6 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic low back pain, left sacroiliac joint pain, history of hiatal hernia repair. Documentation from a January 21, 2015 progress note indicates the injured worker was discharged from physical therapy after receiving six physical therapy sessions. The injured worker was instructed and engaged in a home exercise program. There were no physical therapy notes in the medical record. There were no subjective complaints in the January 2015 progress note. The request for authorization is dated April 1, 2015. There is no contemporaneous progress note on or about that date. The most recent progress note in the medical record is dated May 4, 2015 (5 weeks post request for authorization). The subjective section states the injured worker is status post epidural steroid injection. The injured worker does not want a repeat epidural steroid injection and would like to try physical therapy again. There are no compelling clinical facts in the medical record documentation indicating additional physical therapy is warranted. There is no documentation evidencing objective functional improvement to warrant additional physical therapy. Consequently, absent compelling clinical documentation with objective functional improvement to support additional PT and compelling clinical facts indicating additional physical therapy is warranted, physical therapy 1 to 2 times per week for 3 to 6 weeks for treatment back and bilateral legs #6 sessions is not medically necessary.