

Case Number:	CM15-0087432		
Date Assigned:	05/11/2015	Date of Injury:	12/08/2013
Decision Date:	07/29/2015	UR Denial Date:	04/07/2015
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

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 40-year-old male who sustained an industrial injury on 12/08/2013. Mechanism of injury was a slip and fall with resultant injury to his left knee and low back all the way down to his left foot. Diagnoses include low back pain, lumbar degenerative disc disease, lumbar radiculopathy, and spinal canal stenosis. Co-morbid diagnoses include recent cerebral vascular accident, and kidney problems. Treatment to date has included diagnostic studies, medications, psychotherapy sessions, use of a Transcutaneous Electrical Nerve Stimulation unit, and a lumbar support. There is documentation of a Magnetic Resonance Imaging done on 10/03/2014, which showed central canal stenosis at L4-5 and L5-S1. There is a large left sided calcified disc herniation at L5-S1. There is lateral recess narrowing at L4-5 narrowing at L4-5 level. There is a small spinal canal on a congenital basis. An Electromyography done on 10/10/2014 showed left lower extremity and related paraspinal muscles are most consistent with left L5 radiculopathy, and there appears to be evidence of a diabetic peripheral polyneuropathy as per the nerve conduction studies. On 10/02/2014, a Magnetic Resonance Imaging of the left knee revealed mild joint effusion and Grade 2 degenerative changes posterior horn of the medial meniscus with the remainder of the knee normal. A physician progress note dated 04/01/2015 documents the injured worker has continued lower back pain, which he rates as a 7 out of 10, and it is associated with tingling and numbness in the left lower extremity, and pain to the right hip. The injured worker recently had a stroke and is undergoing physical therapy for the stroke. He is not able to take anti-inflammatory due to kidney problems and Hydrocodone causes drowsiness. Tylenol #4 helps with his low back pain and left lower extremity pain. He has an antalgic gait and uses a walker

for ambulation. He is depressed and wishes to pursue with psychotherapy. It is noted that the injured worker has had some physical therapy to his back but there is no specific documentation. Treatment requested is for physical therapy 8-12 sessions 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 8-12 sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine 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. 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 of 2013. 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 8-12 sessions for the lumbar spine is not medically necessary and appropriate.