

Case Number:	CM13-0038900		
Date Assigned:	12/18/2013	Date of Injury:	07/13/2011
Decision Date:	09/22/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/02/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of July 13, 2011. A utilization review determination dated September 24, 2013 recommends noncertification of physical therapy. Noncertification was recommended since the additional physical therapy sessions requested exceeds the maximum number recommended by guidelines with the 12 sessions already provided. Additionally, there is no documentation of functional gains and functional deficits after the 12 initial therapy sessions. A physical therapy progress note dated May 22, 2013 indicates that the patient has 8 physical therapy visits remaining. A letter dated May 21, 2013 states that the patient has ongoing back pain with radicular symptoms and has not been able to return to work. He is now significantly deconditioned and needs additional physical therapy to help him achieve full functional restoration. A progress report dated August 19, 2013 identifies subjective complaints of low back pain with dissipation of radicular symptoms. Physical examination identifies tenderness and spasm in the left lower lumbar spine with good range of motion that is somewhat limited about 75% of normal. The neurologic examination is intact. No diagnosis is listed. The treatment plan recommends 5 additional sessions of physical therapy stating, "I believe this is the only way to get [the patient] back to full functional restoration." An appeal letter dated September 6, 2013 states that the only way to get the patient full functional recovery is with 12 additional physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT), 5 visits, 1x5 for lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Guidelines recommend 10-12 sessions of physical therapy for the treatment of lumbar radiculitis. Within the documentation available for review, It is unclear how many physical therapy session the patient has already undergone. Additionally, there is no indication of any objective functional improvement from the therapy already provided and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Finally, it appears that the number of treatments argue provided in addition to the ones currently being requested would exceed the maximum number recommended by guidelines for this patient's diagnosis. As such, the current request for additional physical therapy is not medically necessary.