

Case Number:	CM14-0121159		
Date Assigned:	09/16/2014	Date of Injury:	06/10/2013
Decision Date:	10/15/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/31/2014

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 Family Medicine 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 58-year-old female who reported an industrial injury to the back on 6/10/2013, 16 months ago, attributed to the performance of her usual and customary job tasks, reported as taking the trash out and experiencing a slip and fall. Patient was treated with medications, physical therapy, activity modifications, and orthopedic surgeon consultation. The patient was documented to have received 18 sessions of physical therapy. The patient was established as permanent and stationary on 1/28/2014. The patient complained of increasing low back pain and depression and anxiety. The objective findings on examination included tenderness to palpation of the lumbar spine, spasm, undefined decreased range of motion, and a blood sugar level of 328. The patient was diagnosed with chronic low back pain and diabetes mellitus. The treatment plan included 2 x 6 additional sessions of physical therapy directed to the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 108, and on the Non-MTUS Official Disability Guidelines (ODG), Physical Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 97-98.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back chapter - PT, Back chapter - PT

Decision rationale: The request for 2 x 6 additional sessions of physical therapy (PT) to the back, 16 months after the date of injury (DOI), exceeds the number of sessions of PT recommended by the California MTUS and the time period recommended for rehabilitation. The evaluation of the patient documented no objective findings on examination to support the medical necessity of physical therapy over the recommended self-directed home exercise program (HEP), with documented weakness but no muscle atrophy. The patient is documented to have received 18 prior sessions of physical therapy directed to the lower back. She has also been diagnosed with ongoing and uncontrolled diabetes. She is noted to have had no functional improvement with recently provided sessions of PT, and she had previously been discharged from physical therapy due to a lack of progression. The patient is documented with no signs of significant weakness, no significant reduction of range of motion (ROM), or muscle atrophy. There is no demonstrated medical necessity for the prescribed PT 16 months after the DOI. The patient is not documented to be using a self-directed HEP. The California MTUS recommends 10 sessions of physical therapy over 8 weeks for lumbar spine rehabilitation subsequent to lumbar/thoracic strain/sprain and lumbar spine DDD (degenerative disc disease), with gradual integration into HEP. The provider did not provide any current objective findings to indicate the medical necessity of additional PT beyond the number recommended by evidence-based guidelines. Therefore, the request is not demonstrated to be medically necessary.