

Case Number:	CM14-0137132		
Date Assigned:	09/08/2014	Date of Injury:	04/28/2010
Decision Date:	10/10/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine and Rehabilitation 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 63 year-old patient sustained an injury on 4/28/2010 while employed by [REDACTED], [REDACTED]. Request(s) under consideration include Pelvic floor rehabilitation for the lumbar spine, six to eight sessions. Report of 2/18/14 from the provider noted the patient has severe stress incontinence that would benefit from rehabilitation physical therapy to pelvic floor. There was question that the patient may have sustained damage to the pelvic floor from her low back injury with surgery. The patient also exhibited glucosuria (glucose in urine) and a basic serum metabolic panel was drawn to rule out diabetes. The patient was also to be evaluated by spine surgeon and not yet P&S. Urology peer reviewer noted working diagnoses was not appropriate or indicated for request for PT to pelvic floor. Urology report of 3/19/14 noted patient with initial visit on 11/11/13 with identified Grade 3 Cystocele, but could not demonstrate stress incontinence. There was notation of records indicating previous history of urinary incontinence prior to low back injury of 2010 with consideration of possible apportionment after planned urodynamic studies with cystoscopy. Report of 6/12/14 from the provider noted patient s/p lumbar surgery in 2010 with continued low back radiating pain into legs since surgery. The patient continued with urinary incontinence unchanged from previous visit. Cystoscopy and urodynamic studies on 3/20/14 were consistent with stress incontinence and chronic cystitis. There was no evidence of neurogenic bladder. The request(s) for Pelvic floor rehabilitation for the lumbar spine, six to eight sessions was non-certified on 7/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pelvic floor rehabilitation for the lumbar spine, six to eight sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: This 63 year-old patient sustained an injury on 4/28/2010 while employed by [REDACTED]. Request(s) under consideration include Pelvic floor rehabilitation for the lumbar spine, six to eight sessions. Report of 2/18/14 from the provider noted the patient has severe stress incontinence that would benefit from rehabilitation physical therapy to pelvic floor. There was question that the patient may have sustained damage to the pelvic floor from her low back injury with surgery. The patient also exhibited glucosuria (glucose in urine) and a basic serum metabolic panel was drawn to rule out diabetes. The patient was also to be evaluated by spine surgeon and not yet P&S. Urology peer reviewer noted working diagnoses was not appropriate or indicated for request for PT to pelvic floor. Urology report of 3/19/14 noted patient with initial visit on 11/11/13 with identified Grade 3 Cystocele, but could not demonstrate stress incontinence. There was notation of records indicating previous history of urinary incontinence prior to low back injury of 2010 with consideration of possible apportionment after planned urodynamic studies with cystoscopy. Report of 6/12/14 from the provider noted patient s/p lumbar surgery in 2010 with continued low back radiating pain into legs since surgery. The patient continued with urinary incontinence unchanged from previous visit. Cystoscopy and urodynamic studies on 3/20/14 were consistent with stress incontinence and chronic cystitis. There was no evidence of neurogenic bladder. The request(s) for Pelvic floor rehabilitation for the lumbar spine, six to eight sessions was non-certified on 7/25/14. It appears neurogenic bladder has been ruled out with definitive diagnoses of stress incontinence. Etiology whereby the pelvic floor muscles that regulate the release of urine has weakened from individuals having underwent childbirth; prostate surgery with contributing risk factors such as obesity, smoking, chronic coughing, hormonal deficiency, aging, or previous pelvic surgery, all of which are not related to the patient's low back injury with lumbar surgery in 2010. Additionally, 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 medical 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 low back injury. 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 Pelvic floor rehabilitation for the lumbar spine, six to eight sessions is not medically necessary and appropriate.