

Case Number:	CM14-0143846		
Date Assigned:	09/12/2014	Date of Injury:	06/04/2003
Decision Date:	10/10/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/05/2014

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 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 59-year-old female who reported an industrial injury to her back on 6/4/2003, over 11 years ago, attributed to the performance of her usual and customary job duties. The patient reports ongoing and persistent pain to the lower back and left hip, which includes radiation to the left lower extremity that is characterized as intermittent. The patient is taking Flexeril; Ibuprofen; and Vicodin. The patient was noted to have undergone a left hip anterior lateral labral repair on 4/27/2011. The patient received postoperative rehabilitation physical therapy. The objective findings on examination include ambulates with a limp; diminished range of motion to the lumbar spine; diminished sensation to the left lateral calf and thigh. X-rays of the lumbar spine documented-L4 disc degeneration with small anterior osteophytes and slight disc narrowing without spondylosis or spondylolisthesis. The treating diagnoses included lumbar lumbosacral disc degeneration and chronic low back pain. The treatment plan included Physical Therapy 2x wk x 6wks 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:

Physical Therapy 2xwk x 6wks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Hip and Pelvis Chapter, Official Disability Guidelines, Low Back Chapter-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 is for authorization of 2x6 Additional Sessions of PT to the back 11 years after the DOI exceeds the number of sessions of PT recommended by the CA MTUS and the time 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 with documented weakness but no muscle atrophy as opposed to a self-directed Home Exercise Program. There are no objective findings to support the medical necessity of 12 additional sessions of physical therapy for the rehabilitation of the patient over the number recommended by evidence-based guidelines. The patient is noted to be status post left hip arthroscopy with postoperative rehabilitation physical therapy directed to the hip and back. The patient is documented with no signs of significant weakness, no significant reduction of ROM, or muscle atrophy. There is no demonstrated medical necessity for the prescribed PT to the back 11 years after the DOI. The patient is not documented to be in HEP. There is no objective evidence provided by the provider to support the medical necessity of the requested 12 additional sessions of PT over a self-directed home exercise program. The CA MTUS recommends ten (10) sessions of physical therapy over 8 weeks for the lumbar spine rehabilitation subsequent to lumbar/thoracic strain/sprain and lumbar spine DDD with integration into HEP. The provider did not provide any current objective findings to support the medical necessity of additional PT beyond the number recommended by evidence based guidelines. The request for an additional 6 sessions of Physical Therapy directed to the back is not demonstrated to be medically necessary.