

Case Number:	CM14-0163768		
Date Assigned:	10/08/2014	Date of Injury:	01/21/1994
Decision Date:	11/07/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/06/2014

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:

The injured worker is a 67-year-old male who sustained an injury on 1/21/94. There were no reports documenting any subjective and objective findings. EMG report dated 9/3/14 revealed severe sensory motor axonal neuropathy with evidence of symmetric distal acute denervation & poor motor & sensory nerve action potentials; incidental C myelopathy probably due to C5 spondylosis was noted. L-spine MRI on 7/16/14 revealed moderate osteoarthritis and degenerative endplate changes at T11-12 with narrowed bilateral neural foramina at L2-4 and severely narrowed bilateral neural foramina at L4-S1 with diffuse posterior disc bulges measuring 3-4 mm at L4-S1 and tears in the central posterior annulus. There was mild central canal stenosis at L4-5 and degenerative changes of the facet joints at L3-S1. T-spine MRI on 7/16/14 revealed evidence of bilateral posterior decompression laminectomy at T10-11 with focal cord myelopathy at the level of T11 measuring 7mm. There were multiple posterior disc protrusions from T5-12. There was moderate osteoarthritis with multilevel facet joint degeneration and degenerative endplate changes seen with Schmorl's nodes from T7-11. There was a benign 15mm hemangioma in the left posterior T7 vertebral body. As per the EMG report, he had low back and right leg symptoms with sciatica down the right leg ever since the injury. On 3/11/14 he underwent a thoracic laminectomy; he reported being worse post-surgery. A PT note dated 5/3/14 indicated that he was released into a home exercise program. The request for PT: 12 Sessions (2x6) was denied and transportation to and from doctor's appointment/physical therapy was modified to transportation to and from one (1) office visit on 9/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Twelve (12) Sessions (2x6): Upheld

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

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

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines recommends 9 PT visits over 8 weeks for intervertebral disc disorders without myelopathy and up to 24 PT visits for post-surgical treatment. In this case, the IW has received unknown number of PT visits in the past and has been released to home exercise program; however, there is little to no documentation of any significant improvement in the objective measurements (i.e. pain level "VAS", range of motion, strength or function) with prior physical therapy to demonstrate the effectiveness of this modality in this injured worker. There is no evidence of presentation of any new injury / surgical intervention. Moreover, additional PT visits would exceed the guidelines criteria. Nonetheless, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Therefore, the request is considered not medically necessary or appropriate in accordance with the guideline.

Transportation to and from doctors appointment/physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Transportation (to and from appointments).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg

Decision rationale: CA MTUS/ACOEM do not address the issue. Per ODG, transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, the request for physical therapy (for which the transportation is being requested) was not certified; thus, transportation is thus not medically necessary.