

Case Number:	CM14-0090115		
Date Assigned:	07/23/2014	Date of Injury:	04/20/1999
Decision Date:	09/22/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/16/2014

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, 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 female patient with the date of injury of April 20, 1999. A Utilization Review was performed on May 20, 2014 and recommended non-certification of physical therapy 2x6; 12 visits. A Progress Report dated April 24, 2014 identifies Subjective Complaints of constant pain to varying degrees, making it very difficult for the patient to sleep. Objective Findings identify affect is a little depressed, fatigued appearing. Diagnoses identify type-2 diabetes mellitus with early nephropathy, hypertension, obesity, chronic low back pain with bilateral lower extremity radiculopathy, status post lumbar surgery December 1999, depression with anxiety and panic attacks, dyslipidemia, insomnia, episodes of gout, episodes of GERD, episodes of dyspepsia, coronary artery disease, status post stenting (2011), and fibromyalgia. Treatment Plan identifies authorization requested for a course of physical therapy 2x/week x 6 wks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy #12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 of 127.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy #12 sessions, 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 6 physical therapy visits. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG goes on to recommend 12 visits. Within the documentation available for review, there is no indication of any functional deficits physical therapy is intended to address. In addition, the requested number of sessions exceeds guidelines for an initial trial. In light of such issues, the current request for physical therapy #12 sessions is not medically necessary.