

Case Number:	CM14-0097344		
Date Assigned:	07/28/2014	Date of Injury:	11/04/2010
Decision Date:	10/07/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/25/2014

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 & 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 33 year-old patient sustained an injury on 11/4/10 while employed by [REDACTED]. Request(s) under consideration include Additional Physical Therapy 3x4 L-S Spine. Peer reviewer noted discussion with provider who had amended request of PT to allow for treatment of low back pain flare-up. Hand-written illegible report of 1/8/13 from podiatrist noted patient continued with foot issues, has limited ROM of ankle. Diagnoses illegible with continued work restrictions confined to home. Report of 7/2/14 from the provider noted the patient with continued ongoing chronic lower back pain, doing her home exercise program. The patient utilizing meloxicam intermittently; has had injection to the right posterior/ superior iliac spine trigger point which was beneficial. Exam showed no guarding of lower back; slight tenderness about lumbosacral regions; decreased tenderness about right post/superior iliac spine; no abnormal nerve tension signs; circulatory, motor and sensory exams were intact. Diagnoses included lumbar/ sacrum sprains/strains; myalgia and myositis; abnormal gait; plantar fascial fibromatosis; bilateral hip bursitis; right CTS. Treatment included medications, home exercise and to remain off to 8/18/14. The request(s) for Additional Physical Therapy 3x4 L-S Spine was modified for additional 6 sessions on 5/28/14 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:

Additional Physical Therapy 3x4 L-S Spine: Upheld

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

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

Decision rationale: This 33 year-old patient sustained an injury on 11/4/10 while employed by [REDACTED]. Request(s) under consideration include Additional Physical Therapy 3x4 L-S Spine. Peer reviewer noted discussion with provider who had amended request of PT to allow for treatment of low back pain flare-up. Hand-written illegible report of 1/8/13 from podiatrist noted patient continued with foot issues. has limited ROM of ankle. Diagnoses illegible with continued work restrictions confined to home. Report of 7/2/14 from the provider noted the patient with continued ongoing chronic lower back pain, doing her home exercise program. The patient utilizing meloxicam intermittently; has had injection to the right posterior/ superior iliac spine trigger point which was beneficial. Exam showed no guarding of lower back; slight tenderness about lumbosacral regions; decreased tenderness about right post/superior iliac spine; no abnormal nerve tension signs; circulatory, motor and sensory exams were intact. Diagnoses included lumbar/ sacrum sprains/strains; myalgia and myositis; abnormal gait; plantar fascial fibromatosis; bilateral hip bursitis; right CTS. Treatment included medications, home exercise and to remain off to 8/18/14. The request(s) for Additional Physical Therapy 3x4 L-S Spine was modified for additional 6 sessions on 5/28/14. 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 work 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 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 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 Additional Physical Therapy 3x4 L-S Spine is not medically necessary and appropriate.