

Case Number:	CM14-0118916		
Date Assigned:	08/06/2014	Date of Injury:	08/20/2003
Decision Date:	06/02/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on 8/20/2003. The current diagnoses are grade II L4-L5 spondylolisthesis and status post left total hip replacement (2011). According to the progress report dated 3/4/2014, the injured worker notes no change in her chronic back and left hip pain. The current medications are Voltaren gel. Treatment to date has included medication management and surgical intervention. The plan of care includes 8 physical therapy sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 8 of the Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Integrated Treatment/Disability Duration Guidelines Low Back- Lumbar and Thoracic (Acute and Chronic updated 7/3/14 Official Disability Guidelines: Integrated Treatment/Disability Duration Guidelines: Pain /(Chronic) Updated 7/10/14 American Physical Therapy Association Guide to Physical Therapy Practice, 2010; Physical Medicine and Rehabilitation, 4th Edition, Elsevier Saunders, 2011.

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

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. This is a remote injury and the patient had already been deemed permanent and stationary in 2004. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. Therefore, additional physical therapy is not medically necessary.