MAXIMUS Federal Services

Case Number:	CM14-0212590		
Date Assigned:	12/30/2014	Date of Injury:	03/24/2010
Decision Date:	02/27/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/18/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 33-year-old man with a date of in jury of March 24, 2010. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are status post L4 - L5 decompression with right L5 and S1 foraminotomies; congenital stenosis lumbar spine; and chronic thoracic strain.Pursuant to the progress note by the primary treating physician dated December 4, 2014, the IW complains of intermittent low back pain. He takes Percocet as needed for flare-ups. Other medications include Zanaflex and Prilosec. Examination of the lumbar spine reveals restricted range of motion with guarding. There are muscle spasms present.The documentation in a disability determination dated July 22, 2014 indicates the IW had physical therapy (PT). The total number of PT sessions, frequency and duration are not enumerated in the medical record. There are PT notes in the medical record, however, there is no evidence of objective functional improvement associated with prior PT. There is no objective data regarding modalities and physical improvements. The documentation, by the treating physician, indicates the IW is deconditioned and requires additional PT. The current request is for physical therapy three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4: 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): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opiates, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times a week for four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post L4 - L5 decompression with right L5 and S1 foraminotomies; congenital stenosis lumbar spine; and chronic thoracic strain. The documentation, in a disability determination dated July 22, 2014, indicates the injured worker had physical therapy. The total number of physical therapy sessions, frequency and duration are not enumerated in the medical record. There are no physical therapy notes in the medical record indicating objective functional improvement. Progress notes in the medical record indicate the injured worker is presenting for physical therapy, however, there is no objective data regarding modalities and physical improvements. The documentation, by the treating physician, indicates the injured worker is deconditioned and requires additional physical therapy. The guidelines recommend when treatment duration and/or number of visits exceed the guideline exceptional factors should be noted. There were no exceptional factors noted in the medical record. Consequently, absent compelling clinical facts supporting additional physical therapy and evidence of objective functional improvement, physical therapy three times a week for four weeks is not necessary.