

Case Number:	CM14-0219128		
Date Assigned:	01/09/2015	Date of Injury:	03/28/2014
Decision Date:	03/05/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/31/2014

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

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 56 year-old male, who was injured on March 28, 2014, while performing regular work duties. The injury occurred when he was painting, climbed under an airplane and pulled a paint hose toward him, resulting in lumbago and lumbar sprain. On December 19, 2014, physical findings are tenderness of the low back with noted spasticity, and Straight Leg Raising test is positive. The records indicate the injured worker has received treatment including medications, an unknown amount of physical therapy, radiological imaging, and light duty work status. The request for authorization is for twelve (12) additional sessions of physical therapy, three (3) times weekly for four (4) weeks, to the lumbar spine. The primary diagnosis is pain from cardiac prosthetic device. On December 19, 2014, Utilization Review non-certified the request for twelve (12) additional sessions of physical therapy, three (3) times weekly for four (4) weeks, to the lumbar spine, based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy treatment for the lumbar spine three times a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: 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 functional 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 9-10 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 flare-up, 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 Physical therapy treatment for the lumbar spine three times a week for four weeks is not medically necessary and appropriate.