

Case Number:	CM14-0071795		
Date Assigned:	07/16/2014	Date of Injury:	09/21/1992
Decision Date:	05/27/2015	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/19/2014

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 is 67 year old female, who sustained an industrial injury on September 21, 1992. The injured worker has been treated for back and upper extremity and lower extremity complaints. The diagnoses have included low back pain, neck pain, bilateral upper extremity pain and a history of bilateral femur fracture, nonindustrial. Treatment to date has included medications, radiological studies, psychological evaluation, lumbar epidural steroid injections, physical therapy, acupuncture therapy, right hand surgery, left thumb surgery and neck surgery. Current documentation dated April 15, 2014 notes that the injured worker reported persistent pain down both lower extremities and difficulty with sleeping. The injured worker used a front wheel walker for ambulation. Examination revealed antigravity strength in both lower extremities. The treating physician's plan of care included a request for physical therapy sessions # 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy: 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 Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 8 sessions physical therapy 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 exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are bilateral upper extremity pain, history right carpal release and left trigger thumb and third finger release; low back pain; neck pain status post fusion and bilateral wrist pain with history crumpled for release on the right, bilateral trigger thumb release and trigger finger release on the right ring finger and left third finger; history bilateral fever fracture 2010, nonindustrial. Documentation according to a January 2014 progress note indicates the injured worker has not had physical therapy in about five years. There was no physical therapy necessary at this time. According to an April 15, 2014 progress note, the injured worker uses a walker and has pain in the bilateral lower extremities. Objectively, the worker cannot walk without help. The injured worker has not had physical therapy in years. The treating provider has requested a physical therapy sessions. There is no location designated for the physical therapy. The history of femur fractures is nonindustrial. It appears the lower extremity/walking difficulties are related to the femur fractures. The utilization review modified eight physical therapy sessions to 4 physical therapy sessions. There is no clinical rationale for physical therapy involving the lower extremities based on the nature of the lower extremity injury. The documentation is unclear. Additionally, 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). The treating provider exceeded the recommended guidelines in ordering eight sessions. Consequently, absent clinical documentation with a specific location for physical therapy while exceeding the recommended guidelines (with a six visit trial), eight sessions of physical therapy are not medically necessary.