MAXIMUS Federal Services

Case Number:	CM15-0109932		
Date Assigned:	06/16/2015	Date of Injury:	01/15/2015
Decision Date:	07/15/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/08/2015

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 40 year old female, who sustained an industrial injury on 1/15/2015. Diagnoses include shoulder sprain, contusion of hip and contusion of foot. Treatment to date has included physical therapy, acupuncture, activity and work modification and medications. Magnetic resonance imaging (MRI) of the lumbar spine dated 4/10/2015 showed 2mm broad based generalized disc annular bulge noted at L4-5 and L5-S1, otherwise unremarkable, no stenosis. Per the handwritten Primary Treating Physician's Progress Report dated 4/07/2015, the injured worker reported pain and weakness in the neck and lower back pain. She also reported right hip and right upper extremity pain. Physical examination revealed weakness and restricted range of motion. There was a positive Tinel's and positive Phalen's noted. The plan of care included physical therapy, medications and diagnostics. Authorization was requested for 6 additional visits of physical therapy (2x3) for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional physical therapy visits 2 times per week for 3 weeks, for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 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 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 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 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 6 additional physical therapy visits 2 times per week for 3 weeks, for lumbar spine is not medically necessary or appropriate.