

Case Number:	CM15-0010230		
Date Assigned:	02/11/2015	Date of Injury:	07/07/2013
Decision Date:	03/25/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/16/2015

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 66 year old female, who sustained an industrial injury on July 7, 2013. She has reported chronic neck and back pain and being wheelchair bound. The diagnoses have included chronic neck pain secondary to multilevel cervical degenerative disc disease, chronic low back pain secondary to lumbosacral degenerative disc disease, severe neuropathic pain, right shoulder rotator cuff disorder, opioid dependence and chronic pain syndrome. Treatment to date has included radiographic imaging, diagnostic studies, pain medications, conservative therapies, work duty modifications and lifestyle changes. Currently, the IW complains of chronic neck and back pain. The injured worker reported an industrial injury in 2013, resulting in chronic neck and back pain. She was noted to use a wheelchair and to require pain medications to maintain the ability to perform activities of daily living. On December 22, 2014, evaluation revealed the injured worker had become frustrated with the process of obtaining pain medications. The physician noted not recommending cutting down on pain medications at this time since she needed them to maintain mobility. On January 21, 2015, she reported continued pain and reported the inability to get out of bed or maintain function without pain medications. On December 15, 2014, Utilization Review non-certified a request for Outpatient Physical Therapy one (1) time a week for eight (8) weeks to the left arm/left leg, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 13, 2015, the injured worker submitted an application for IMR for review of requested Outpatient Physical Therapy one (1) time a week for eight (8) weeks to the left arm/left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy one (1) time a week for eight (8) weeks to the left arm/left leg:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98 and 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 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 Outpatient Physical Therapy one (1) time a week for eight (8) weeks to the left arm/left leg is not medically necessary and appropriate.