

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0016360 | | |
| Date Assigned: | 02/04/2015 | Date of Injury: | 02/08/1995 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/15/2015 |
| Priority: | Standard | Application Received: | 01/28/2015 |

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 a 64 year old male, who sustained an industrial injury on February 8, 1995. He has reported lower back pain, leg pain, bilateral wrist and hand pain, and left shoulder pain. The diagnoses have included lumbar spine stenosis, lumbar spine annular tear, cervical spine spondylosis, cervical spine radiculopathy, and bilateral carpal tunnel syndrome. Treatment has included medications, physical therapy, chiropractic care, and bracing. A progress note dated December 15, 2014 indicates a chief complaint of continued lower back pain, leg pain, bilateral wrist and hand pain, and left shoulder pain. Physical examination showed tenderness of the cervical and lumbar spines with limited range of motion. The treating physician is requesting eight sessions of physical therapy for the lumbar spine. On January 15, 2015 Utilization Review denied the request for physical therapy citing the ODG.

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 to the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The injured worker sustained a work related injury on February 8, 1995. The medical records provided indicate the diagnosis of have included lumbar spine stenosis, lumbar spine annular tear, cervical spine spondylosis, cervical spine radiculopathy, and bilateral carpal tunnel syndrome. Treatment has included medications, physical therapy, chiropractic care, and bracing. The medical records provided for review do not indicate a medical necessity for 8 sessions of Physical Therapy to the Lumbar Spine. Physical therapy is a recognized method of treating musculoskeletal problems. The MTUS states, "active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels" Although the MTUS recommends the use of physical therapy in treating musculoskeletal problems, the request is not medically necessary and appropriate because the records reviewed do not indicate a recent change or worsening of the injured workers low back problems, The MTUS states that such treatment requires an internal effort; therefore, the injured worker is expected to continue with self-directed home Physical Medicine beyond the formal treatments he had in the past.