

Case Number:	CM15-0144714		
Date Assigned:	09/17/2015	Date of Injury:	04/27/2013
Decision Date:	11/20/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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 50 year old male, who sustained an industrial injury on 4-27-2013. Diagnoses include thoracic spine pain, improved, lumbosacral sprain-strain. Treatments to date include activity modification, medication therapy, and physical therapy. On 6-22-15, he reported some improvement in pain and strength from six sessions of physical therapy. The provider documented MRI of the lumbar spine dated 6-29-14, revealed annular tear and posterior discs. There were no physical examination findings documented for this date. The plan of care included physical therapy to the lumbar spine. This review will address the request to authorize six (6) physical therapy sessions for the lumbar spine. The Utilization Review dated 7-14-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice a week for three weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Review indicates the patient had received 6 PT visits from March through April of 2015 with noted improved range of motion and ADL tolerance, now with request for an additional 6 visits for total of 12 this year. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy for acute new injury or up to a few sessions for flare-up of symptoms with fading of treatment to an independent self-directed home program, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic April 2013 injury. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria for reassessment. Submitted reports have not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The patient should have been previously instructed on an independent home exercise program. The Physical Therapy twice a week for three weeks for the lumbar spine is not medically necessary and appropriate.