MAXIMUS Federal Services

Case Number:	CM15-0178839		
Date Assigned:	09/21/2015	Date of Injury:	03/25/2015
Decision Date:	10/22/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/11/2015

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 31 year old male, who sustained an industrial injury on 3-25-2015. Medical records indicate the worker is undergoing treatment for thoracic 11-12 compression fracture. A recent progress report dated 7-6-2015, reported the injured worker complained of back pain rated 5-6 out of 10. Physical examination revealed back and paraspinal thoracolumbar junction tenderness and spinal range of motion was hindered by pain. Lumbar x rays showed a healing thoracic 11-12 fracture. Treatment to date has included physical therapy and medication management. On 8-4-2015, the Request for Authorization requested physiotherapy 2 times a week for 4 weeks for the thoracic and lumbar spine and physical therapy 2 times a week for 4 weeks for the thoracic and lumbar spine. On 8-11-2015, the Utilization Review modified the request for physiotherapy 2 times a week for 4 weeks for the thoracic and lumbar spine and physical therapy 2 times a week for 4 weeks for the thoracic and lumbar spine to a total of 8 visits for both physical and physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2 times a week for 4 weeks for the thoracic and 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 requests for Physiotherapy/ Physical therapy to the thoracic and lumbar spine were modified for total of 8 combined sessions. 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 previous 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 Physiotherapy 2 times a week for 4 weeks for the thoracic and lumbar spine is not medically necessary and appropriate.

Physical therapy 2 times a week for 4 weeks for the thoracic and 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 requests for Physiotherapy/ Physical therapy to the thoracic and lumbar spine were modified for total of 8 combined sessions. 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 previous 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 Physical therapy 2 times a week for 4 weeks for the thoracic and lumbar spine is not medically necessary and appropriate.