

Case Number:	CM15-0070642		
Date Assigned:	04/20/2015	Date of Injury:	08/31/2005
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/14/2015

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, Pain Management

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 44 year old female who sustained an industrial injury on 08/31/2005. Diagnoses includes ankylosing spondylitis, osteopenia, myofascial pain, lumbar facet arthropathy, left wrist tendonitis, medial epicondylitis on the left, left lateral epicondylitis, migraines, and gastrointestinal issues. The injured worker receives intravenous infusions for ankylosing spondylitis. Treatment to date has included diagnostic studies, medications, acupuncture, physical therapy, left shoulder injection, home health aides, intravenous infusions, behavioral medicine, and nerve ablation. A physician progress note dated 03/02/2015 documents the injured worker complains of much worse intermittent pain to the back, neck, right lower extremity radiating to the ankle and swelling on the top of the foot, and right upper extremity tingling and pain. The pain is intermittent sharp, and twisting. She complains of a bloating stomach, and complains of being unable to eat and drink due to stomach pain/diarrhea, thus unable to tolerate exiting prescribed medications, and she is weak. Oral intake is a little bit more than before. Neck pain radiates to the right side of her head and she has pressure in both eyes. The injured worker uses a wheel chair. The treatment plan is for physical therapy and a caregiver to assist with activity of daily living. Treatment requested is for sixteen (16) to twenty-four (24) physical therapy visits over eight (8) weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen (16) to twenty-four (24) physical therapy visits over eight (8) weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, it is unclear how many therapy sessions have already been provided for the ankle/foot, making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for his diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.