

Case Number:	CM15-0073079		
Date Assigned:	04/23/2015	Date of Injury:	02/08/2015
Decision Date:	05/29/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/16/2015

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 23 year old female who sustained an industrial injury on 02/08/2015. The injured worker was diagnosed with lumbar strain. Treatment to date includes conservative measures, physical therapy (5/6 sessions completed) and medications. According to the primary treating physician's progress report on March 25, 2015, the injured worker continues to experience low back pain without improvement. The injured worker rates her pain level at 7/10 without radiation to the lower extremities. Subjectively, the injured worker states she can flex forward 1-5 degrees and unable to twist at all and has tenderness to palpation of the lower back. Minimal effort to leg movement against resistance was noted. Gait and posture were within normal limits. No gross abnormal objective findings were noted. Current medications are listed as Norco and Flexeril. Treatment plan consists of referral to Psychiatry; complete session #6 of authorized physical therapy and the current request for additional physical therapy for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Low Back 2 Times A Week for 3 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

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 symptom complaints, clinical findings, and functional status. There are no clear neurological deficits to be addressed. 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 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 for Low Back 2 Times a Week for 3 Weeks is not medically necessary and appropriate.