

Case Number:	CM15-0093294		
Date Assigned:	05/19/2015	Date of Injury:	09/07/2011
Decision Date:	06/22/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/14/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 40 year old female, who sustained an industrial injury on 09/07/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having depressive disorder pain reaction, difficulty walking due to the lower leg, post-laminectomy syndrome, status post lumbar fusion on 03/12/2013, lumbar disc displacement with myelopathy, and lumbosacral neuritis not otherwise specified. Treatment and diagnostic studies to date has included bone scan, laboratory studies, medication regimen, physical therapy with quantity unknown, use of heat, use of ice, magnetic resonance imaging, and computed tomography myelogram. In a progress note dated 03/12/2015 the treating physician reports complaints of pain to the lumbar spine and left leg with cramping to the leg and calf that occurs at night. The injured worker also has numbness, spasms, throbbing, tight, and shooting pain to the lower extremity. The leg pain is rated a 4 out of 10, but has noted that the pain has increased to an 8 out of 10 in the lumbar spine. The treating physician noted that the injured worker had prior physical therapy, but the medical records provided did not indicate the specific quantity or if the injured worker had any functional improvement secondary to the prior physical therapy. The treating physician requested outpatient physical therapy two times a week over three weeks, but the documentation provided did not indicate the specific reason for the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy (pt) two (2) times a week over three (3) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Pain section; Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, outpatient physical therapy two times per week times three weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are depressive disorder pain reaction; post laminectomy syndrome - lumbar fusion; lumbar disc disease with myelopathy; lumbar disc displacement; and lumbosacral neuritis NOS. The medical record contains 77 pages. The documentation does not contain prior physical therapy progress notes. The treatment plan in a progress note dated October 2014 states a plan to "start physical therapy" for a flare-up of symptoms. The treatment plan in a March 12, 2015 progress note similarly states "start physical therapy" in the treatment plan. Progress notes throughout the medical record do not contain documentation indicating objective functional improvement or ongoing physical therapy. There is no documentation in the medical record the injured worker is engaged in a home exercise program from prior physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy (over that recommended by the guidelines) is clinically indicated. Consequently, absent clinical documentation of prior physical therapy with objective functional improvement, compelling clinical facts indicating additional physical therapy is clinically indicated and evidence of an ongoing home exercise program, outpatient physical therapy two times per week times three weeks is not medically necessary.