

Case Number:	CM13-0000728		
Date Assigned:	03/05/2014	Date of Injury:	05/10/2013
Decision Date:	08/05/2014	UR Denial Date:	05/31/2013
Priority:	Standard	Application Received:	06/17/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63-year-old female who reported an injury on 05/10/2013. The mechanism of injury was noted to be repetitive injury from working. The injured worker's prior treatments were noted to be physical therapy, acupuncture, and medications. Her diagnosis was noted to be lumbar strain and neck sprain. The injured worker had a clinical evaluation in a progress note dated 09/19/2013. The injured worker presented with increased pain. The physical evaluation noted the patient in mild distress. The lumbar spine findings included inability to forward flex and cervical spine range of motion was decreased. The plan was to continue current medications and the injured worker would be working with modified activity. The provider's rationale for the request was not provided within the progress note dated 09/19/2013. A Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR TWO (2) WEEKS IN TREATMENTS TO THE LUMBAR SPINE QTY:6.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for initial physical therapy 3 times a week for 2 weeks in treatments to the lumbar spine quantity 6 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical medicine. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from the therapist or medical provider, such as verbal, visual and/or tactile instruction. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process and in order to maintain improvement levels. The physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines provide 9 to 10 visits over 8 weeks. It is noted in the documentation that the injured worker has used 4 out of 6 physical therapy visits as of 05/13/2013. The request for 6 additional sessions is in excess of the guidelines. In addition, physical evaluation does not indicate measurable objective functional deficits. There is a lack of range of motion values. The physical examination does not note motor strength numbers. The documentation does not note efficacy of the injured worker's prior physical therapy visits. Therefore, the request for initial physical therapy 3 times a week for 2 weeks in treatments to the lumbar spine quantity 6 is non-certified.