

Case Number:	CM13-0000942		
Date Assigned:	02/26/2014	Date of Injury:	01/24/2013
Decision Date:	04/14/2014	UR Denial Date:	06/27/2013
Priority:	Standard	Application Received:	07/03/2013

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 43 year old male with a date of injury 01/24/2013. He was carrying sheetrock, slipped and had a low back injury. The diagnosis was lumbar strain/sprain. On 02/26/2013 he had a lumbar MRI that revealed a L4-L5 disc that impinged on the right L5 nerve root. On 03/25/2013 he had difficulty with toe and heel walking. Gait was antalgic. He had low back pain radiating to the right calf. Range of motion was 10 to 20 degrees decreased. Straight leg raising was positive on the right. Muscle strength was normal. L5-S1 dermatomes had decreased sensation on the right. 12 visits of physical therapy with the goal to advance to a home exercise program were requested. Flexeril was prescribed. On 04/22/2013 he was taking Motrin and Flexeril. He was to return to work. He has had the 12 visits of physical therapy. On 05/29/2013 he had his 10th physical therapy visit and had improved. He walked more than usual that weekend. On 06/03/2013 he had his 12th physical therapy visit and continued to improve. It was noted that he was advancing with his home exercise program. He was tolerating modified duty at work. Gait was normal. Lumbar range of motion was 10 degrees decreased. Straight leg raising Final Determination Letter for IMR Case Number [REDACTED] was positive on the right. Strength was normal. L5 and S1 dermatomes had decreased sensation. He was taking Motrin and Flexeril PRN, not daily. There was a request for 12 more physical therapy visits. Two physical therapy visits were authorized to transition to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 3 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-316.

Decision rationale: The patient has a lumbar sprain/strin with lumbar radiculopathy. MTUS Chapter 12 Low Back Complaints does not mention a specific number of physical therapy visits allowed but suggests that the purpose of physical therapy is to have a few visits for instruction in a home exercise program. ODG provides for a maximum of 10 visits over a couple of months. He has already exceeded the maximum allowed visits with the initial 12 visits. It was clear when ordering these visits that the patient should be instructed in a home exercise program. Two additional visits were certified to make sure he was transitioned to a home exercise program. The requested 12 additional visits are not consistent with the ODG.