

Case Number:	CM13-0002352		
Date Assigned:	06/04/2014	Date of Injury:	01/11/2012
Decision Date:	07/24/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/22/2013

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 & 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 47 year old male who reported an injury on 01/11/2012 when a box fell and he tried to catch it thereby injuring his back. The physician assessed the injured worker on and noted his MRI from 06/01/2013 that stated the following impressions: 1) endplate eburnation and endplate edema of abnormal biomechanical stress at L4-5, 2) broad median protrusion impresses upon the thecal sac at L4-5, and 3) focal annular tear in the midline at L5-S1. The injured worker is currently taking Soma and Prilosec. The diagnosis for the injured worker is probable internal disc disrruption, lumbar spine. The injured worker was returned to work with no restrictions but does complain of pain when lifting heavy items. The physician would like to order physical therapy two times a week for six weeks. The request for authorization form and rationale for the request were not provided within the available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: The request for physical therapy two times a week for six weeks is not medically necessary. The injured worker has returned to work with no restrictions. He maintains at full range of motion and only has a complaint of pain when he is lifting a heavy object. California MTUS guidelines for physical medicine state physicians are to allow for fading of treatment frequency (from up to 3 visits per week to one or less), plus active self-directed home Physical Medicine for a total of eight to ten visits over four weeks. The injured worker has already completed 12 sessions of physical therapy, returned to work without restrictions and has full range of motion. A medical need for physical therapy has not been identified and the guidelines do not call for additional therapy sessions at this time. As such, the request is not medically necessary.