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| Case Number: | CM13-0003537 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 05/31/2009 |
| Decision Date: | 11/18/2014 | UR Denial Date: | 07/05/2013 |
| Priority: | Standard | Application Received: | 07/25/2013 |

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 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 patient suffered the worker comp injury on 5/31/09 to the lower back and shoulder. On 2/26/13 the patient was seen by the PCP and it was noted that she suffered from chronic and recurrent lumbar pain. A recent exacerbation of her symptoms was noted and she had increase in pain and a decrease in her activity level with bilateral lumbar pain. The diagnoses were lumbar strain, progressive lumbar disc disease and discogenic pain, L-S sprain and SI sprain and R shoulder pain post-surgery. The M.D. prescribed aqua therapy and Naprosyn for the lumbar pain exacerbation. On 3/27/13 a PT note was read reporting that 8 more visits were recommended. Another PT note from 6/11/13 was also present in the files. On 7/5/13 the UR denied to authorize another 16 PT visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy QTY: 16.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute (ODG) Guidelines-Hip and Pelvis (Acute & Chronic) updated 6/12/2013
Physical Therapy: ODG
Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar section on PT page 1390

Decision rationale: The MTUS details the approach to physical therapeutic intervention for lumbar pain. It states that exercises for strengthening, ROM, and stretching relaxation techniques and aerobic exercises should be stressed. It also states that 1-2 visits for education, counseling, and evaluation of home ROM stretching, and strengthening exercises would be appropriate. The ODG states that 10 visits should be allowed over a period of 8 weeks for lumbar PT. These visits should emphasize a decrease in frequency and emphasize active self-directed home PT. In our patient we observe that she already has had a substantial program of PT for her back and by now she should have been transitioned to a home self-directed program of physical therapy. Therefore, the request is not medically necessary.