

Case Number:	CM13-0008202		
Date Assigned:	06/06/2014	Date of Injury:	01/04/1997
Decision Date:	08/07/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/07/2013

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 54-year-old female with a reported date of injury on 01/04/1997. The mechanism of injury was not submitted within the medical records. Her previous treatments were noted to include a TENS unit, medications, and trigger point injections. Her diagnoses were noted to include lumbosacral radiculopathy and chronic pain syndrome. The progress report dated 07/09/2013 reported the injured worker complaining of pain level rated 5/10 described as focal, constant, dull, and aching. The physical examination reported facet tenderness was positive to the right lumbar spine, sacroiliac joint tenderness was positive on the right side, and focal pain was present on the right sacroiliac joint. The request for authorization form dated 06/24/2013 is for physical therapy 2 x 6 weeks due to lumbar radiculopathy and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY FOR THE LUMBAR SPINE, 2 X PER WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2- Summary of Recommendations.

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

Decision rationale: The injured worker has received previous physical therapy from 07/2013 to 08/2013. California Chronic Pain Medical Treatment Guidelines recommend physical therapy as an active therapy requiring an internal effort by the individual to complete a specific exercise or task. This form of therapy requires supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The injured worker has received physical therapy from 07/2013 to 08/2013 for an unknown number of visits. There is a lack of documentation regarding the current measurable objective functional deficits, as well as quantifiable objective functional improvements from previous physical therapy treatments, as well as the number of previous sessions. There is also not a recent, adequate, and complete assessment submitted within the medical records. Additionally, the request for 12 physical therapy sessions exceeds the guidelines as the recommendation is 9 to 10 visits. As such, the request is non-certified.