

Case Number:	CM13-0009595		
Date Assigned:	09/23/2013	Date of Injury:	09/25/2012
Decision Date:	01/17/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Maryland, Oklahoma and Texas. 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 physician 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 46-year-old male who sustained a work-related injury on 09/25/2012 after a slip and fall. The clinical information indicates that the patient has completed 8 sessions of physical therapy to date with patient reports of no significant improvement with physical therapy. The most recent progress report dated 09/03/2013 revealed subjective complaints of ongoing low back pain. Physical examination revealed tenderness to palpation of the lumbar paraspinal region and loss of forward flexion and extension. The treatment plan included a request for authorization for 8 sessions of chiropractic care. The physical therapy note dated 06/07/2013 documented a pain rating of 6/10 to 7/10, described as constant and aggravated with sitting, supine and prone positions. The patient reported numbness and tingling with knee flexion. Objective findings revealed decreased active range of motion with flexion at 28 degrees, extension at 12 degrees and right lateral flexion at 21 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California MTUS Guidelines for Physical Medicine indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion, and can alleviate discomfort. Additionally, patients are instructed in and expected to continue with active therapies at home as an extension of the treatment process in order to maintain improvement levels. The clinical information submitted for review indicated subjective reports by the patient of no significant improvement with prior physical therapy. Additionally, there are no reported exceptional factors to support further physical therapy. Furthermore, there is no indication as to why the patient would continue to require formal physical therapy when he should be utilizing a home exercise program to continue with functional gains and pain reduction. As such, the request for physical therapy 2 times a week for 4 weeks to the lumbar spine is non-certified.