

Case Number:	CM13-0017485		
Date Assigned:	09/27/2013	Date of Injury:	06/17/2011
Decision Date:	02/10/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/19/2013

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 Orthopedic Surgery, 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 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 claimant is a 65-year-old female who was injured on June 11, 2011 sustaining an injury to the lumbar spine. Recent clinical assessment for review includes a handwritten PR2 report of September 26, 2013 giving the diagnosis of degenerative disc disease of the lumbar spine with radiculitis. It states she is "feeling better with home exercise program" and has discontinued the use of Mobic. Physical examination demonstrates shoulder impingement signs, a positive Hawkins test and no documentation of low back or radicular findings noted. At that time, recommendations were for a continued course of formal physical therapy to the lumbar spine for twelve sessions. Further review includes an MRI report of July 24, 2013 that showed mild disc height loss and minimal disc bulging at L4-5 and L5-S1 with no neural compressive pathology indicated. The claimant has been treated conservatively since time of injury dating back to 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Physical Therapy two (2) times a week for six (6) weeks for a total of twelve (12) Sessions to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical Medicine..

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

Decision rationale: Based on California MTUS Guidelines, physical therapy in the chronic pain setting would not be indicated. While Guideline criteria would recommend the role of therapy sparingly to help with swelling, pain and inflammation during the rehabilitative process and can recommend the role of up to nine to ten sessions for a diagnosis of myalgia, it should be noted that the claimant's recent clinical assessment indicated she was "doing well" with home exercise program and did not demonstrate any documentation of formal findings in the lumbar spine. It would be unclear as to why continuation of a home exercise program at this chronic stage in course of care now greater than two years from injury would not be indicated in absence of current acute findings. The request for formal physical therapy for twelve sessions would not be indicated.