

Case Number:	CM13-0017624		
Date Assigned:	12/27/2013	Date of Injury:	10/24/2009
Decision Date:	05/23/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/28/2013

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 who reported injury on October 24, 2009. The mechanism of injury was not provided. The clinical documentation of July 31, 2013 revealed the injured worker had participated in 22 sessions of physical therapy. The clinical documentation indicated the injured worker had identified low back mobility deficits associated with a current postoperative condition. Overall, it was indicated the injured worker had improved 30% towards their overall goal. Range of motion continued to be limited. The injured worker had increased walking tolerance; however, the legs were noted to swell and throb after thirty minutes. The physician documentation of August 8, 2013 revealed the injured worker walked with a normal gait and continued to have complaints of pain and stiffness. The diagnosis was discogenic low back pain, status post artificial disc replacement L2-5 on February 5, 2013. The treatment plan included physical therapy and Medrox patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 X WK X 6 WKS LUMBAR SPINE: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of nine to ten visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had participated in 22 sessions of physical therapy. There was lack of documentation of objective functional deficits to support the necessity for ongoing treatment. The injured worker should be well versed in a home exercise program after 22 sessions of physical therapy. The request for additional physical therapy to the lumbar spine, twice weekly for six weeks, is not medically necessary or appropriate.