

Case Number:	CM13-0017793		
Date Assigned:	06/06/2014	Date of Injury:	02/13/2013
Decision Date:	07/12/2014	UR Denial Date:	08/07/2013
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 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 injured worker is a 61 year old female whose date of injury is 02/13/13, when she was stripping floors and slipped and fell backwards injuring her low back. She is diagnosed with lumbosacral sprain/strain and degenerative disc disease L4-5, L5-S1. She has been treated with a lumbar spine corset, anti-inflammatory medications, pain medications, and topical compounds. The claimant was authorized for twelve physical therapy sessions per determination dated 05/02/13. Per progress report (PR-2) progress report dated 08/02/13, the claimant has never attended physical therapy. On physical examination there is no significant tenderness to palpation; normal heel/toe gait; normal toe/heel walk; sensation is intact; there is normal muscle bulk, tone and strength 5/5; reflexes are trace symmetrical and equal bilaterally; straight leg raise is negative bilaterally sitting and supine. A request for outpatient physical therapy two times a week for four weeks to the lumbar spine was denied on 08/07/13, noting the claimant previously completed twelve sessions of physical therapy, and there is no information provided to support the need for physical therapy in excess of guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back online version, Physical therapy (PT).

Decision rationale: The Official Disability Guidelines (ODG) support up to 10 visits over 8 weeks for lumbar sprains and strains. Although the progress reports from 08/2013 reflect that the injured worker has never had physical therapy, there is an Agreed Medical Examination dated 01/14/14 which notes the injured worker was prescribed physical therapy and the injured worker feels it helped her with strengthening. There is no evidence of exceptional factors in the clinical information provided that would support the need for additional formal therapy that exceeds guidelines either in duration or number of therapy visits, and there is no explanation as to why the injured worker cannot independently perform a home exercise program. Based on the clinical information provided, the request for outpatient physical therapy twice a week for four weeks to the lumbar spine is not medically necessary and appropriate.