

Case Number:	CM13-0018705		
Date Assigned:	04/25/2014	Date of Injury:	04/26/2010
Decision Date:	06/10/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/30/2013

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 underlying date of injury in this case is 04/26/2010. The initial mechanism of injury is that the patient sustained right elbow, lumbar spine, and ankle injuries when she tripped over a wire and fell. The patient has received injections for the ankle complaints. The patient is additionally status post a lumbar fusion. The patient's lumbar fusion surgery occurred on 12/06/2010. On 07/30/2013, the patient was seen for an initial physical rehabilitation consultation. That physician reviewed the patient's history of lumbar surgery with six (6) months of pain relief thereafter. That physician also reviewed the patient's past treatment history including a lumbar corset, chiropractic, modalities, medications, a TENS unit, and physical therapy. The patient presented at that time, with the chief complaint of low back pain radiating to the right lower extremity. However, in the history portion the patient reported not only lumbar pain, but also mid posterior neck pain on the right side, worse with traction, and triggering migraine headaches. The consulting psychiatrist recommended a comprehensive physical therapy program including stabilization exercises, patient education, use of home traction, aerobic exercise training, as well as use of modalities as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X6 LUMBAR: 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) PHYSICAL THERAPY GUIDELINES.

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

Decision rationale: The Chronic Pain Guidelines recommend a transition to independent home rehabilitation. In the current timeframe under review, more than three (3) months after an initial injury, the patient would be expected to have transitioned to an independent home rehabilitation program. The medical records are unclear at this time regarding how the current proposed program would be different from the past treatment or if this would be redundant. Also, there is some inconsistency in the medical records with regard to whether the current symptoms to be treated are to the cervical spine or lumbar spine; the review at this time, is in regards to a decision regarding physical therapy to the lumbar spine, whereas the medical record indicates a plan for comprehensive physical therapy to the cervical and thoracic spine. Overall, with regard to the lumbar spine in particular, the medical records do not provide a basis for further supervised as opposed to independent home rehabilitation. This request is not medically necessary.