

Case Number:	CM13-0020212		
Date Assigned:	10/11/2013	Date of Injury:	01/19/2012
Decision Date:	01/27/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/05/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California 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 45-year-old female who sustained a work-related injury on 01/19/2012. The clinical information indicates the patient has been treated with medication management and physical therapy in the past. The most recent progress note is dated 09/03/2013. Subjectively, the patient had complaints of low back pain and bilateral leg pain. The physical examination revealed normal gait, tenderness to palpation, positive bilateral straight leg raises, and restricted range of motion. Neurologically, the patient had hypoesthesia, decreased deep tendon reflexes, and motor strength was 5/5. The patient's diagnoses included degenerative disc disease, radiculopathy, facet arthrosis, and myofascial pain. The treatment plan consisted of recommendation of continuation of all conservative treatment and a request for authorization for 6 visits of physical therapy with aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy two times a week for five weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The California MTUS Guidelines state that "active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort, and that it requires an internal effort by the individual to complete a specific exercise or task". Additionally, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The clinical information submitted for review is not clear as to the patient's progress or compliance with prior physical therapy. Given that the patient has had prior physical therapy, there is no indication why the patient would continue to require formal physical therapy when she should be well versed in an independent self-directed exercise program. Therefore, based on the documentation received for this review and California MTUS Guidelines for physical medicine, the request for physical therapy two (2) times a week for five (5) weeks is non-certified.