

Case Number:	CM13-0021024		
Date Assigned:	10/11/2013	Date of Injury:	10/19/2011
Decision Date:	02/20/2014	UR Denial Date:	08/10/2013
Priority:	Standard	Application Received:	09/06/2013

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 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 39-year-old female who reported a work related injury on 10/19/2011 to her lower back. The patient has undergone physical therapy treatments, a home exercise program, and injections. Recent clinical documentation stated the patient returned to work without restrictions on a trial basis. However, her employer did not accept her. Physical exam revealed decreased range of motion to the patient's lumbar spine, with palpable spasms over the paralumbar musculature bilaterally. A request has been made for physical therapy 2 times 4 (unknown body region).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 (unknown body region): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

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

Decision rationale: Recent clinical documentation stated the patient was currently walking daily and performing water aerobics twice per week. She complained of numbness to both legs and had difficulty sleeping at night due to pain. California Chronic Pain Medical Treatment

Guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis. A 6 visit clinical trial is recommended for patients to see if the patient is moving in a positive direction, no direction, or in a negative direction prior to continuing with the physical therapy. The request was made for 8 physical therapy visits to unknown body region. The patient was not noted to have significant functional deficits in the submitted documentation to warrant formal physical therapy visits versus her home exercise program. Therefore, the decision for physical therapy 2 times 4 (unknown body region) is noncertified.