

Case Number:	CM13-0021999		
Date Assigned:	11/13/2013	Date of Injury:	04/11/2012
Decision Date:	01/21/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine & 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 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 underlying date of injury in this case is 04/11/2012. The primary diagnosis is lumbar intervertebral disc disorder. Physician notes outline treatment for lumbar degenerative disc disease as well as cervical disc disease and thoracic disc disease. On 08/14/2013, the treating physician saw the patient in a followup. The patient reported ongoing pain in the midback and lower back with tingling on the right side and constant waking up at night and associated spasms. On examination, the patient had persistent tenderness and spasm in the trapezius and cervical muscles. The treating physician noted that aquatic therapy had been authorized. The treating physician recommended 6 visits of physical therapy. A prior physician review noted that the patient had recently completed 9 physical therapy sessions from 02/25/2013 through 04/04/2013 and was discharged given limited progress. That review notes that the patient had also been authorized for aquatic therapy and thus the goals of additional supervised physical therapy were not apparent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks for the cervical, thoracic, and lumbar spine:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Aquatic Therapy Page(s): 99, 22.

Decision rationale: The MTUS Chronic Pain Guidelines regarding physical therapy state, "Allow for fading of treatment frequency plus active self-directed home Physical Medicine." Additionally the MTUS Chronic Pain Guidelines state that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy." Given that this patient has been reported to have limited benefit from land-based therapy, it is unclear what change in goals or methods would be proposed to support additional land-based therapy. Most notably, the treatment guidelines recommend either land therapy or alternatively aquatic therapy. It is unclear why land-based therapy at this time would be indicated simultaneous with aquatic therapy which has recently been certified. The request for physical therapy 2 times a week for 3 weeks for the cervical, thoracic, and lumbar spine is not medically necessary and appropriate.