

Case Number:	CM13-0023154		
Date Assigned:	12/27/2013	Date of Injury:	03/09/2012
Decision Date:	02/13/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/11/2013

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 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 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:

This is a female patient with a date of injury of 3/9/12. A utilization review determination dated 8/27/13 recommends non-certification of additional physical therapy for the lumbar spine x 12. A progress report dated 8/19/13 identifies subjective complaints including 5-8/10 low back pain radiates to right lateral thigh and lateral leg. Norco decreases pain to 0/10 for a few hours. Objective examination findings identify 4/5 right ankle dorsiflexion and first toe extension, positive right SLR in seated position. Diagnoses include right shoulder strain/sprain, cervical strain/sprain, and lumbar strain/sprain versus radiculopathy. Treatment plan recommends starting 12 sessions of PT for lumbosacral radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for lumbar spine 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: Regarding the request for additional physical therapy (PT) for lumbar spine 12 sessions, California MTUS cites that "patients are instructed and expected to continue active

therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions. The remaining deficits are mild strength deficits and there is no documentation as to why they cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury. In light of the above issues, the currently requested additional physical therapy for lumbar spine 12 sessions is not medically necessary.