

Case Number:	CM13-0025222		
Date Assigned:	11/20/2013	Date of Injury:	04/12/2013
Decision Date:	01/28/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/16/2013

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 PM&R, 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.

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 04/12/2013. The primary diagnosis is a lumbar sprain. The initial mechanism of injury is that the patient fell, landing on both knees and twisting her left ankle. The patient has a history of a prior lumbar spine surgery in September 2009, and she has reported worsening radicular low back pain since her injury. This patient previously has received 14 physical therapy sessions to date. A prior physician review concluded that the request for physical therapy at this time should be modified to allow for transition to an independent home rehabilitation program. Treating physician notes as of 04/15/2013 indicate the patient was injured on 04/12/2013 when she tripped over a chair at work. Her treating diagnoses included knee sprain, shoulder sprain, and lumbar sprain according to the treating physician notes. On 07/16/2013, the patient was seen for orthopedic evaluation by the primary treating physician. The physician reviewed the patient's history and the patient's ongoing pain in the left ankle as well as the low back radiating to the left leg with a history of a prior lumbosacral fusion in February 2009. The patient was noted to have ongoing tenderness of the midline lumbar spine and the left sacroiliac joint. The patient walked with a moderate antalgic gait, protecting the left lower extremity. The treating physician opined that the patient would benefit from a further course of conservative orthopedic care, including physical therapy, heat, massage, and use of a TENS unit. ❧❧

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times a week for 4 weeks to the lumbar spine:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine..

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on physical medicine, recommends, "Allow for fading of treatment frequency plus active self-directed home physical medicine." The treatment guidelines anticipate that this patient would have transitioned by now to an independent home rehabilitation program. The medical records do not provide an alternate rationale for additional supervised therapy. This request is not medically necessary.