

Case Number:	CM13-0029240		
Date Assigned:	05/21/2014	Date of Injury:	07/13/2012
Decision Date:	06/10/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 expert 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 67-year-old male who has a date of injury 7/13/12 to his low back. His diagnoses include lumbar spine strain with nucleus pulposus herniation. There is a request for an additional 12 sessions of physical therapy. There is a 9/14/13 progress report indicates persistent low back pain. Physical exam demonstrates limited lumbar range of motion and negative seated and straight leg raise with dramatic pain behaviors left greater than right to sacral spine with straight leg raise to 30 degrees. There is documentation that reveals that the patient's treatment to date has included 20 physical therapy visits. –

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 12 SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM pain, suffering and the restoration of function chapter (ACOEM Practice Guidelines), pg. 114.

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

Decision rationale: An additional 12 sessions of physical therapy is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per the MTUS guidelines, the patient is recommended to have up to 10 visits of therapy for his condition. The documentation submitted reveals that he has exceeded this number of visits and continues to have pain and functional limitations. The patient should be well versed in a home exercise program. There are no extenuating reasons why the patient needs an additional 12 sessions of physical therapy. The request for an additional 12 sessions of physical therapy is not medically necessary.