

Case Number:	CM13-0031791		
Date Assigned:	12/04/2013	Date of Injury:	08/13/2013
Decision Date:	02/14/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/04/2013

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 Family Practice 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 34-year-old female who reported a work-related injury on 08/13/2013 as a result of a fall. The patient initially sought treatment in the emergency room. She was given a prescription for Motrin and advised to follow-up with an occupational health clinic. The clinical note dated 10/04/2013 reports the patient was seen under the care of [REDACTED]. The provider documented that the patient denied any pain complaints and tolerated regular work duties. The provider documented a negative straight leg raise test upon physical exam of the patient. The patient had a non-antalgic gait. The provider documented no lumbar spinal tenderness upon palpation and that patient's injury had resolved. The provider further documented the patient could discontinue utilization of physical therapy and continue regular work duties. The patient was discontinued from care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) initial physical therapy visits for the lumbar spine, 2 sessions per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to show any significant objective findings of symptomatology to support continued utilization of supervised therapeutic interventions at this point in the patient's treatment. The current request is for initial physical therapy visits for the lumbar spine, 2 sessions per week for 4 weeks; however, the most recent clinical note submitted for review under [REDACTED] documents the patient could discontinue utilization of physical therapy. As documented, the patient was discontinued from care with resolution of her lumbar spine pain complaints. The California MTUS indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less with active self-directed home physical medicine. The clinical notes failed to document the duration, frequency, or efficacy of prior physical therapy interventions for the patient. Given all of the above, the request for 8 initial physical therapy visits for the lumbar spine, 2 sessions per week for 4 weeks is neither medically necessary nor appropriate.