

Case Number:	CM13-0032502		
Date Assigned:	01/10/2014	Date of Injury:	06/13/2013
Decision Date:	07/30/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/08/2013

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 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 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 injured worker is a 56-year-old female who reported an injury on 06/13/2013. The mechanism of injury was not provided. On 09/25/2013, the injured worker had a follow up for a lumbar strain. Upon examination, she had tightness and spasm to her neck and spasm to the left side of the nuchal ridge. There was also tightness and spasm to the right down the anterolateral superior border of the trapezius with moderate tenderness. Prior treatment included physical therapy. The diagnosis was lumbar strain, not resolving. The provider recommended continued physical therapy and continued E-stim. The provider stated that her chiropractic visits had become ineffective because the injured worker's muscles are too tight for the chiropractor to appropriately crack her. The Request for Authorization Form was not include in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, page(s) 98 Page(s): 98.

Decision rationale: Per California MTUS state, that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The guidelines allow for up to 10 visits of physical therapy. The injured worker has had at least 10 physical therapy visits. Injured workers are instructed and expected to continue active therapies at home. There are no significant barriers to transitioning the injured worker to an independent home exercise program. Additionally, the provider's request does not indicate the amount of physical therapy visits being requested, as well as the frequency of the visits or the site that the intended physical therapy is being requested for. As such, the request is Continued Physical Therapy is not medically necessary.

CONTINUED E-STIM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), page(s) 118-119 Page(s): 118-119.

Decision rationale: The request for continued E-stim is non-certified. The California MTUS Guidelines do not recommend an E-stim Care Unit as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatment including return to work, exercise, and medications. There is limited evidence on improvement for those who are recommended these treatments alone. If injured workers have pain that is ineffectively controlled due to diminished effectiveness of a medication, or pain ineffectively controlled with medications due to side effects, or have a history substance abuse, or significant pain from postoperative conditions, which limits abilities to perform exercise programs/physical therapy treatment or unresponsiveness to conservative measures, they may be recommended for E-stimulation. There is a lack of evidence in the documentation provided that would reflect diminished effectiveness of medication, a history of substance abuse, or any postoperative conditions which would limit the injured worker's ability to perform exercise programs to include physical therapy or exercise. The requesting physician did not include an adequate and complete assessment of the injured worker's objective functional condition which would demonstrate deficits needing to be addressed, as well as establish a baseline that would assess objective functional improvement over the course of therapy. Additionally, the provider's request does not indicate the amount of E-stim therapy being requested or the frequency, and the site that the E-stim was indicated for was not indicated. As such, the request is non-certified.