

Case Number:	CM13-0034918		
Date Assigned:	09/29/2014	Date of Injury:	08/30/2010
Decision Date:	10/29/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/15/2013

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 46-year-old female who reported an injury on 08/30/2010. The injured worker reportedly slipped and struck her knee on a wheelchair. The current diagnoses include lumbar strain, right hip strain, left knee meniscal tear, status post left knee arthroscopy, left knee flexion contracture and severe gait abnormality. The only physician progress report submitted for this review is documented on 08/01/2013. The injured worker presented with complaints of persistent pain over multiple areas of the body. Physical examination of the lumbar spine revealed an antalgic gait, 30 to 40 degree flexion, tenderness to palpation of the lumbar paraspinal and quadratus lumborum, spasms, diminished deep tendon reflexes on the right, decreased sensation in the right L5 and S1 muscle groups and diminished strength in the left lower extremity. Treatment recommendations at that time included physical therapy twice per week for 6 weeks. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 lumbar spine QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic/Hip & Pelvis, Physical Therapy

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

Decision rationale: The California MTUS Guidelines state 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. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for unspecified neuralgia, neuritis and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations. It is also noted that the injured worker has completed a substantial amount of physical therapy for the lumbar spine. There is no documentation of the previous course of physical therapy with evidence of objective functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary and appropriate.