

Case Number:	CM13-0035026		
Date Assigned:	12/11/2013	Date of Injury:	10/02/2008
Decision Date:	02/04/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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. 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 70-year-old female with date of injury from 10/02/2008. The request for physical therapy 2 times a week for 6 weeks (12) was modified to 6 visits per utilization review letter, dated 09/16/2013. The reviewer indicates that the patient is recently status post-surgical intervention and a short course of physical therapy to reinforce the present regimen is acceptable. The treating physician report, from 09/06/2013, shows that the patient has completed a physical therapy program and has home flexibility and spine stabilization exercises. Chief complaint was that of low back pain. The patient is status post total hip replacement on 06/13/2013 and also lumbar epidural steroid injection from 02/25/2013. The patient's current medication was Percocet 4 tablets a day. Presenting complaints were 3/10 with pain medication for left parasacrum and into the left buttock, left posterior lateral thigh and lateral lower leg. There is mention of an MRI of the lumbar showing spondylolisthesis and facet hypertrophy. Left hip pathology is a nonindustrial issue. Review of 08/12/2013 report has similar findings. This report also states that the patient has completed a PT regimen and has a "physioball." On 09/06/2013, the treating physician issued a request for authorization of 2x6 (12) physical therapy for lumbar pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lower back (12 sessions): 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 Medicine Page(s): 98-99.

Decision rationale: MTUS Guidelines recommends physical therapy with fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. For myalgia and myositis, 9 to 10 visits over 8 weeks were recommended. This patient's diagnoses are consistent with myalgia and myositis, thus MTUS would recommend up to 10 visits of physical therapy. The request for 12 additional sessions exceeds MTUS guidelines, irrespective of the undocumented, yet obviously supplied, physical therapy provided to this patient for the diagnoses indicated. Recommendation is for denial.