

Case Number:	CM13-0036090		
Date Assigned:	12/13/2013	Date of Injury:	01/10/2011
Decision Date:	02/28/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/18/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 40 year old female who reported a work related injury on 01/10/2011. The specific mechanism of injury was not stated. The patient has subsequently completed 24 sessions of physical therapy since status post a work related injury specifically for the lumbar spine. The patient had recently completed 11 sessions of physical therapy for her lumbar spine pain complaints. The clinical note dated 09/09/2013 reported the patient was seen in clinic. The provider documented upon physical exam of the patient tenderness about the left shoulder anterior and at the AC left shoulder, abduction was 100 degrees, forward flexion 100 degrees, spasm of the cervical trapezius and deltoid tie in decreased. The provider did not submit a physical exam of the patient's lumbar spine. The provider documented the patient was to continue over-the-counter ibuprofen, cyclobenzaprine, Hydrocodone 7.5/650, and utilize additional physical therapy at 12 sessions. The provider documented that the patient's condition remained deconditioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3x4, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The current request is not supported. California MTUS indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. The clinical notes evidence the patient had recently utilized 11 sessions of physical therapy for her chronic pain complaints about the lumbar spine. Given the lack of documentation evidencing significant objective functional improvements as well as a significant decrease in rate of pain on a VAS scale as a result of utilizing supervised therapeutic interventions, the current request is not supported. At this point in the patient's treatment, utilization and an independent home exercise program for any remaining deficits about the lumbar spine would be indicated. As such, the request for PT 3x4, Lumbar Spine is neither medically necessary nor appropriate