

Case Number:	CM13-0036548		
Date Assigned:	12/13/2013	Date of Injury:	12/03/2011
Decision Date:	09/11/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/21/2013

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 & Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 12/3/11. A utilization review determination dated 10/2/13 recommends modification of PT from 8 sessions to 6 sessions. It referenced a 9/26/13 medical report identifying back pain with radicular pain into the right buttock and thigh. On exam, the patient walks with a mildly antalgic gait on the right. There is limited lumbar spine ROM secondary to pain and marked tenderness over the right sciatic notch. There is breakthrough weakness of dorsiflexion of the right greater than left foot. The provider recommended aggressive core strengthening to support the spine as well as an EMG of both lower extremities.

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 2 times per week for 4 weeks #8: Overturned

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

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

Decision rationale: Regarding the request for Physical Therapy (PT), California MTUS supports up to 10 PT sessions and cites that "patients are instructed and expected to continue active

therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is no indication of any recent PT prior to the initial consultation by the requesting provider. There was documentation of radicular pain with some limited ROM and weakness on exam and the provider felt the need for some core strengthening. The utilization reviewer felt that a short course of PT was appropriate and modified the request from 8 sessions to 6 sessions. However, the request for 8 sessions is within the recommendations of the CA MTUS. In light of the above, the currently requested Physical Therapy is medically necessary.