

Case Number:	CM13-0036579		
Date Assigned:	12/13/2013	Date of Injury:	05/19/2000
Decision Date:	02/03/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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 72-year-old female who sustained a work related injury on 05/19/2000. The patient was most recently evaluated on 08/22/2013 at which time physical examination revealed reflexes and muscle testing of the lower extremities were intact, straight leg raise was unremarkable to about 60 degrees bilaterally, and there was diffuse tenderness in the lower lumbar area from about L3 to S1. The impression indicated status post bilateral hip replacements and chronic discogenic back pain. The physician documented that there had been no significant change since 2012, and a prescription was written for physical therapy, massage therapy, and a gym membership. The patient was dispensed Norco 5/325 mg #60. The physical therapy notes provided documented that the patient was doing "good overall" and had good knowledge of a home exercise program

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 x per month for 1 year: Rx date 8/22/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation TITLE 8. INDUSTRIAL REALTATIONS, DIVISION 1. DEPARTMENT OF INDUSTRIAL REALTIONS CHAPTER 4.5. DIVISION OF WORKERS' COMPENSATION SUBCHAPTER 1. ADMINISTRATIVE DIRECTOR- ADMINISTRATIVE RULES ARTICLE 5.5.2 MEDICAL TREATMENT UTILIZATION SCHEDULE.

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

Decision rationale: California MTUS Guidelines for physical medicine indicate that active therapy is based on the philosophy that therapeutic exercise is beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. The clinical information provided suggests that the patient is receiving maintenance therapy, and there is lack of documentation of functional improvement being attained through the intermittent physical therapy the patient has been receiving since at least 05/2013. Guidelines further indicate 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. The clinical information provided indicated that the patient had good knowledge of a home exercise program. Given the distant period from injury, the patient should be well versed in an independent home exercise program and should utilize said program for continued functional benefit and pain reduction. As such, the request for PT 2 times per month for 1 year Rx date 08/22/2013 is non-certified.