

Case Number:	CM13-0036657		
Date Assigned:	12/13/2013	Date of Injury:	04/19/2011
Decision Date:	04/18/2014	UR Denial Date:	10/08/2013
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 Internal Medicine, Pulmonary Diseases 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 patient is a 63-year-old male who reported an injury on 04/19/2011 after he was run over by a forklift. The patient reportedly sustained injury to the mid and low back. The patient's treatment history included physical therapy, acupuncture and medication use. The patient's most recent clinical examination findings documented that the patient had myofascial spasming and tenderness throughout the thoracic and lumbar spines with tenderness to palpation. It was noted that the patient had full range of motion without neurological deficits or motor strength weakness. The patient's treatment plan included the continuation of physical therapy and medications for the thoracic and lumbar spines secondary to continued deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation AND OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE Page(s): 98-99..

Decision rationale: The requested lumbar physical therapy for the lumbar spine is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends up to 10 visits of physical therapy for this type of injury. The clinical documentation submitted for review does provide evidence that the patient has participated in at least 14 visits of physical therapy for this injury. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program. There were no documented barriers to preclude further progress of the patient while participating in an independent home exercise program. Additionally, the request as it is written does not specifically identify a duration of treatment; therefore the appropriateness of the request cannot be determined. As such, the requested lumbar physical therapy for the lumbar spine is not medically necessary or appropriate.