

Case Number:	CM13-0036877		
Date Assigned:	12/13/2013	Date of Injury:	10/10/2011
Decision Date:	02/12/2014	UR Denial Date:	09/20/2013
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 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 male with a date of injury of 10/10/11. A utilization review determination dated 9/20/13 recommends non-certification of additional 12 sessions of lumbar spine physical therapy as the patient had already completed 12 sessions and no extenuating circumstances were noted to support extension of therapy beyond the recommendations of the guidelines. A progress report dated 7/31/13 identifies subjective complaints including achiness across the low back with some achiness into the posterior aspect of both legs. "Detailed exam was not done of the low back." Diagnoses and treatment plan were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional twelve (12) sessions of lumbar spine physical therapy: 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 Section Page(s): 98-99.

Decision rationale: Regarding the request for additional 12 sessions of lumbar spine physical therapy, The California MTUS supports up to 10 physical therapy 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 documentation of remaining functional deficits after the prior 12 physical therapy sessions that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of such documentation, the currently requested additional 12 sessions of lumbar spine physical therapy is not medically necessary.