

Case Number:	CM13-0036878		
Date Assigned:	02/05/2014	Date of Injury:	12/12/2012
Decision Date:	04/15/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/22/2013

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 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 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 12/12/12. A utilization review determination dated 9/26/13 recommends modification of physical therapy from 12 sessions to 8 sessions as the patient had significant improvement after 12 prior PT sessions and had a recent exacerbation after minor lifting/bending. 8/29/13 medical report identifies that the patient has a history of back surgery years prior, and in December 2012 was in a minor car accident that caused a recurrence of her symptoms. She made significant improvement until she was bending over to pick up a nail at home and had a setback. There is pain centered over L4-5 and L5-S1 in the midline. Physical therapy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2XWK X6WKS LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, LOW BACK, PHYSICAL THERAPY (PT)

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

Decision rationale: Regarding the request for additional physical therapy 2xwk x6wks lumbar, California MTUS 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 documentation of completion of prior PT sessions with improvement. The patient was noted to have suffered an exacerbation, although specific functional deficits were not identified and there was no documentation as to why they could not be addressed within the context of an independent home exercise program, yet were expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 physical therapy (PT) sessions for this injury and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy 2xwk x6wks lumbar is not medically necessary