

Case Number:	CM13-0037422		
Date Assigned:	12/13/2013	Date of Injury:	12/30/2009
Decision Date:	02/03/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/23/2013

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 Oklahoma and Texas. 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 66 year old male who reported injury on 12/30/2009. The mechanism of injury was not provided. The patient was noted to have decreased lumbar range of motion and positive bilateral paraspinal, sacroiliac joint, and sciatic notch tenderness. The patient was noted to have a mildly positive straight leg raise test on the right. The patient's diagnosis was noted to be sprain lumbar region. The request was made for physical therapy 3 times a week times 4 weeks to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x week x 4 weeks to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Therapy pg 474

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

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis.

Clinical documentation submitted for review indicated the patient's injury was in 2009. The patient was noted to have decreased range of motion, positive bilateral paraspinal, sacroiliac joint, and sciatic notch tenderness with a mildly positive straight leg raise on the right. The patient was noted to be neurologically intact in the bilateral lower extremities. As it was opined per the physician the patient should have 12 visits of physical therapy. There was documentation that the patient would continue a home exercise program and stretching program. There is a lack of documentation indicating the necessity for physical therapy as there is a lack of documentation indicating the patient has objective functional deficits. The patient should be well versed on a home exercise program. There is a lack of documentation indicating the necessity for 12 sessions of physical therapy. As such, the request for physical therapy 3 times a week times 4 weeks to the lumbar spine is not medically necessary.