

Case Number:	CM13-0038506		
Date Assigned:	12/18/2013	Date of Injury:	04/01/2010
Decision Date:	02/26/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/25/2013

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 emergency medicine, and is licensed to practice in New York. 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 45-year-old male who sustained an injury on April 1, 2010 when he fell 4 feet from a ladder, carrying 40 pounds of aluminum stripping. He landed on his feet. The patient continues to experience pain in his right shoulder, left knee, neck and lower back. The pain in his lower back radiates into his right leg. MRI of the lumbar spine done on May 21, 2013, showed multilevel disc disease with moderate-to-severe right neural foraminal narrowing at L3-4 and moderate-to-severe left neural foraminal narrowing at L5-S1. The patient was diagnosed with musculoligamentous strain of the lumbar spine with herniated disc disease and facet hypertrophy, medial meniscus tear, and impingement syndrome of the right shoulder. The patient had undergone arthroscopic surgery on the right shoulder on 2/26/13 and the left knee on 9/25/12.. Treatment for the back pain included medication, home exercise, and physical therapy. The patient stated on June 19, 2013 that the physical therapy was not working. Request for authorization for 12 additional physical therapy sessions for the lumbar spine was submitted on October 8, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar: 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 Pain Interventions and Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

Decision rationale: The Physician Reviewer's decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is recommended. There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. Direction from physical and occupational therapy providers can play a role in this, with the evidence supporting active therapy and not extensive use of passive modalities. The most effective strategy may be delivering individually designed exercise programs in a supervised format (for example, home exercises with regular therapist follow-up), encouraging adherence to achieve high dosage, and stretching and muscle-strengthening exercises seem to be the most effective types of exercises for treating chronic low back pain. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). In this case the patient had been treated for at least three months with no documentation of functional improvement. Medical necessity for continued physical therapy is not established.