

Case Number:	CM13-0040290		
Date Assigned:	12/20/2013	Date of Injury:	01/31/2013
Decision Date:	04/24/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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 male with a date of injury on 01/31/2013. He fell eighteen (18) feet from the roof. In 02/2013, he had a right calcaneus fracture open reduction internal fixation. On 03/04/2013, his back pain was 5/10. On 04/15/2013, he had a lumbar sprain and was to continue no weight bearing on the right foot. The listed diagnosis was lumbar sprain. On 07/23/2013, he had a lumbar spine MRI that revealed L3 and L4 compression fractures with 2mm to 3mm disc bulges. Eight (8) physical therapy visits were recommended. On 08/28/2013, he had low back pain radiating to his hips. On 09/30/2013, he was instructed to continue his home exercise program. He has already completed twelve (12) physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-98. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (PREFACE).

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

Decision rationale: It is unclear how many physical therapy visits the employee had for his lumbar spine, and how many are being requested as additional visits. He had at least twelve (12) visits, and was already doing a home exercise program. No physical therapy notes were provided for review. For continued physical therapy there must be objective documentation of improvement in the ability to do activities of daily living. That was not documented. It is unclear how many physical therapy visits for his lumbar spine were requested. However, the Chronic Pain Guidelines indicate that a maximum of ten (10) physical therapy visits are allowed, and he already completed twelve (12) visits. Also, at this point in time relative to the date of injury, he should have already been transitioned to a home exercise program. There is no documented superiority of continued formal physical therapy over a home exercise program. The request is non-certified.