

Case Number:	CM13-0041763		
Date Assigned:	03/26/2014	Date of Injury:	05/31/2009
Decision Date:	04/25/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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, has a subspecialty in Pain Management 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:

The patient is a 50 year old female who was injured on 05/31/2009. The mechanism of injury is unknown. Prior treatment history has included cortisone injections in hips which helped, also PT, treatment with medications, and work modifications. PR2 dated 01/21/2014 reported the patient's pain intensity is unchanged at 0-2/10. She described the pain as aching with intermittent sharp pain and no radiation of pain. The pain improves with rest and medication and worsens with overuse. Physical therapy has been completed. She continues to perform home PT exercises. Objective findings on exam revealed slight tenderness and spasm of the lumbar paraspinal musculature at the level of L4 to L5, S1. Her range of motion is normal. New Patient evaluation dated 05/01/2013 indicated physical exam findings to reveal lumbar range of motion within functional limits. There is tenderness over psoas, iliacus, QL and paraspinals.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, Page(.).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, physical therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The medical records document that on 05/01/2013 (prior to the pre-authorization date), there was full normal range of motion of the lumbar spine with no pain reported. In the absence of documented decreased flexibility, strength, endurance, function or range of motion the request is not medically necessary according to the guidelines. Further, there is no documentation on the duration of requested therapy. An unknown number of visits do not meet the guideline frequency recommendations.