

Case Number:	CM13-0043163		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2012
Decision Date:	04/25/2014	UR Denial Date:	10/10/2013
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 Family Practice 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 38-year-old female who reported an injury on February 15, 2012, due to a slip and fall. The patient reportedly sustained an injury to the cervical spine, lumbar spine, right shoulder, and right knee. The patient's treatment history included physical therapy, a home exercise program, and medications. The patient's most recent clinical evaluation documented that after 12 visits of physical therapy, the patient had tenderness to palpation and decreased range of motion of the cervical spine, a positive impingement sign of the right shoulder, and tenderness to palpation of the lumbar spine and right knee. The patient's diagnoses included right shoulder sprain/strain, right knee strain/sprain, and psychological sequelae to work-related injury, cervical spine and lumbar spine sprain/strain. The patient's treatment plan included continuation of a home exercise program and additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X6 WEEKS FOR THE LUMBAR: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend up to 8 to 10 visits of physical therapy for this type of injury. The clinical documentation submitted for review does indicate that the patient has participated in at least 12 visits of physical therapy. Although the clinical documentation does indicate that the patient continues to have some pain complaints, there are no exceptional factors noted to support extending the treatment beyond guideline recommendations. The clinical documentation does indicate that the patient has been transitioned into a home exercise program. The efficacy of that program is not established within the documentation. Therefore, the need for additional physical therapy cannot be determined. As such, the requested physical therapy two (2) times a week for six (6) weeks for the lumbar spine is not medically necessary or appropriate.