

Case Number:	CM13-0043781		
Date Assigned:	12/27/2013	Date of Injury:	01/01/1998
Decision Date:	03/10/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/31/2013

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, 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 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:

This is a female patient with a date of injury of 1/1/98. A medical report dated 10/30/13 identifies that physical therapy is medically necessary to maintain the patient's ability to move about on her legs and to try to keep her pain levels decreased. A progress report dated 9/23/13 identifies subjective complaints including chronic back pain and radicular symptoms into the legs that has worsened lately. Objective examination findings identify loss of range of motion in the lower back. Diagnoses include chronic low back pain secondary to osteoarthritis and posttraumatic disk disease. The treatment plan recommends continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for physical therapy three times a week for four weeks for the lumbar spine:
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 Page(s): 98-99.

Decision rationale: The California MTUS states that patients are instructed and expected to begin active home therapy as an extension of the treatment process in order to maintain

improvement levels. Within the documentation available for review, there is documentation of increased pain and decreased range of motion, but there is no explanation as to why these mild deficits cannot be addressed within the context of an independent home exercise program. Furthermore, the California MTUS supports only up to 10 physical therapy sessions for this injury and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.