

Case Number:	CM13-0044603		
Date Assigned:	12/27/2013	Date of Injury:	07/11/2012
Decision Date:	02/25/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

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 & Rehabilitation and Pediatric Rehabilitation Medicine and is licensed to practice in Texas and Illinois. 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 reported an injury on 07/11/2012. The patient is currently diagnosed with L1 compression fracture, status post TLSO, lumbar sprain and strain, lumbar degenerative disc disease, myofascial tender points, cervical sprain and strain, concussion, cervicogenic versus post concussive headaches, tinnitus, obstructive sleep apnea, obesity, and left shoulder injury, status post surgery on 07/23/2013. The patient was seen by [REDACTED] on 10/04/2013. The patient reported ongoing lower back pain. Physical examination revealed limited lumbar range of motion with negative straight leg raising, 5/5 motor strength, and intact sensation. Treatment recommendations included individualized physical therapy 6 sessions, twice per week for 3 weeks to refresh the patient with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-2 x week for a total of 6 visits: 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: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the clinical documentation submitted, the patient has previously participated in a course of physical therapy for the lower back. Documentation of the previous course with total treatment duration and efficacy was not provided for review. It is noted that the patient is non-compliant with a home exercise program. There is no documentation of a flare up or any specific worsening of the patient's condition that would warrant an additional course of physical therapy. The patient's physical examination of the lumbar spine only revealed tenderness to palpation with slightly limited range of motion. Based on the clinical information received, the request is non-certified.