

Case Number:	CM13-0045185		
Date Assigned:	12/27/2013	Date of Injury:	03/05/2013
Decision Date:	02/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/01/2013

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 Internal Medicine 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 patient is a 50 year old female, date of injury 03-05-13. Primary diagnosis is lumbosacral neuritis. Mechanism of injury was - moving heavy patient from bed to gurney. PR-2 report 10-09-13 by [REDACTED] documented subjective complaints including low back pain and left leg numbness. Objective findings included Weight 130 lbs., gait normal smooth, walks heels and toes, deep tendon reflexes normal, motor and sensory grossly normal, lumbosacral tenderness, lumbar spine flexion within normal limits (finger tips touch lower leg), straight leg raise test negative without radicular symptoms, lower extremity strength 5/5. Diagnosis was 847.2 strain of lumbar region. Treatment plan included ice, heat, good body mechanics, and request hydrotherapy. Modified work 10-09-13. Full duty 11-23-13 with no limitations or restrictions. Patient completed acupuncture. MRI Lumbar spine 06-13-13: degenerative disk disease, with L3-4 small disk protrusion, L4-5 mild disk protrusion, L5-S1 small disk protrusion. PR-2 report 09-13-13 by [REDACTED] documented that the patient received chiropractic and physical therapy x 10. Utilization review dated 10-24-13 by [REDACTED] recommended Non-Certification of the request for additional PT (hydrotherapy) 2 x 12 for low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy (hydrotherapy) 2 times 12 to the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT).

Decision rationale: MTUS guidelines state that aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Patient weighs 130 pounds, and is not obese. Patient has normal gait, normal lower extremity strength, normal deep tendon reflexes, and negative straight leg raise test without radicular symptoms. Medical records do not document a condition that requires reduced weight bearing. MTUS guidelines recommend: for myalgia and myositis 9-10 physical therapy (PT) visits; for neuralgia, neuritis, and radiculitis 8-10 PT visits. ODG guidelines recommend: for lumbar sprains and strains 10 PT visits; for intervertebral disc disorders 10 PT visits. PR-2 report 09-13-13 by [REDACTED] [REDACTED] documented that the patient received chiropractic and physical therapy x 10. Therefore, a request for additional PT visits exceeds the guideline recommended number of visits. Medical records and clinical guidelines do not support the necessity for additional physical therapy or hydrotherapy. Therefore, the request for additional physical therapy (hydrotherapy) 2 x 12 to low back is not medically necessary.