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| Case Number: | CM13-0048892 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/03/2013 |
| Decision Date: | 03/24/2014 | UR Denial Date: | 11/01/2013 |
| Priority: | Standard | Application Received: | 11/06/2013 |

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 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 sustained an injury on 6/3/2013 while employed by [REDACTED]. Request under consideration include physical therapy 1 time a week times 6 weeks lumbar spine. Report of 10/15/2013 from provider noted under subjective complaints: "motion on both ankle improving, therapy and acupuncture helping." Objective findings noted: "tender lumbar spine, tender paralumbar." Diagnoses include "lumbar spine; right ankle sprain." Treatment included therapy 1x/wk. for 6 weeks for lumbar spine and acupuncture 2x6 weeks. Report of 11/26/2013 from the provider noted ankle pain improving while low back pain continued. Limited exam noted "tender lumbar spine, limited motion" (unspecified). Diagnoses included "lumbar spine; right ankle sprain." Treatment plan was for acupuncture 2x5. Request for additional PT was non-certified on 11/1/2013 citing guidelines criteria and lack of medical necessity

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Physical Therapy 1 times a week for 6 weeks for Lumbar Spine: Upheld

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

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

Decision rationale: This patient sustained an injury on 6/3/2013 while employed by [REDACTED]. Request under consideration include physical therapy 1 time a week times 6 weeks lumbar spine. Report of 10/15/2013 from provider noted under subjective complaints: "motion on both ankle improving, therapy and acupuncture helping." Objective findings noted: "tender lumbar spine, tender paralumbar." Diagnoses include "lumbar spine; right ankle sprain." Treatment included therapy 1x/wk. for 6 weeks for lumbar spine and acupuncture 2x6 weeks. Report of 11/26/2013 from the provider noted ankle pain improving while low back pain continued. Limited exam noted "tender lumbar spine, limited motion" (unspecified). Diagnoses included "lumbar spine; right ankle sprain." Treatment plan was for acupuncture 2x5. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, minimal clinical findings, and unchanged work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has received more than the amount of therapy sessions recommended per the Guidelines without demonstrated evidence of functional improvement to allow for additional therapy treatments. The physical therapy 1 time a week times 6 weeks lumbar spine is not medically necessary and appropriate.