

Case Number:	CM13-0050891		
Date Assigned:	12/27/2013	Date of Injury:	01/29/2013
Decision Date:	03/07/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/13/2013

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 New York and Texas. 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 58-year-old male who reported an injury on 01/29/2013. He was reportedly injured when he was backing out of a booth and subsequently fell onto his right hip, which subsequently injured his lower back. Per an evaluation on 06/17/2013 for complaints of leg pain, the recommendation was for 12 sessions of acupuncture, surgery, and temporary total disability status. The patient underwent a course of 12 physical therapy treatments, and then on 10/02/2013 the physician, [REDACTED], re-evaluated the patient and noted that the physical therapy helped a little but not much. The recommendation was for continued physical therapy. The patient was most recently seen on 11/13/2013 whereupon subjective complaints noted the patient had a carotid balloon on the left, with low back complaints of pain increasing and decreasing during the subjectives, with right leg pain still cold and numb. However, the patient was noted to have finished physical therapy. On the objective findings, the patient had flexion of the lumbar spine at 30 degrees with an antalgic gait to include heels and toes. The patient's treatment plan was to include a home exercise program, walking/swimming, and the patient was requesting epidurals for his sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for (4) weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California MTUS Guidelines, 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. The patients are instructed and expected to continue active therapies at home as an extension of the treatment processes in order to maintain improvement levels. In the case of this patient, it was noted in the documentation that he has already finished 12 sessions of physical therapy for his lumbar spine. An additional 8 sessions of physical therapy would exceed the maximum allowance per California MTUS Guidelines. Furthermore, although the patient's documentation from 10/02/2013 indicated that the physical therapy had helped a little bit, not a lot, the remaining documentation does not indicate any significant quantifiable improvements that have resulted from the initial courses of physical therapy treatments. Therefore, the medical necessity for an additional 8 sessions of physical therapy for the lumbar spine cannot be established. As such, the request is non-certified.