

Case Number:	CM13-0050902		
Date Assigned:	12/27/2013	Date of Injury:	10/05/2006
Decision Date:	03/07/2014	UR Denial Date:	11/12/2013
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 Illinois, Indiana 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 52-year-old female who reported an injury on October 05, 2006. The patient is diagnosed with chronic cervical musculoligamentous strain/sprain with radiculopathy, chronic lumbar musculoligamentous strain/sprain with radiculopathy, tendonitis of the left hip, chronic strain/sprain injury of the left shoulder with osteoarthritis and impingement syndrome, and degenerative joint disease of bilateral knees. The patient was seen by [REDACTED] on October 17, 2013. The patient reported persistent lower back pain. Physical examination of the lumbar spine revealed shooting pain down the left lower extremity, stiffness, positive straight leg raising, and diminished range of motion. Treatment recommendations included physical therapy to the lumbar spine twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 12 sessions of physical therapy to the lumbar spine: Upheld

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

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

Decision rationale: The 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 documentation submitted, the patient has previously participated in a course of physical therapy for the lumbar spine. However, documentation of the previous course with total treatment duration and efficacy was not provided for review. The patient's physical examination does reveal diminished range of motion with stiffness and positive straight leg raising. However, the current request for 12 sessions of physical therapy for the lumbar spine exceeds guideline recommendations for a total duration of treatment. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.