

Case Number:	CM13-0050959		
Date Assigned:	12/27/2013	Date of Injury:	10/28/2002
Decision Date:	06/04/2014	UR Denial Date:	11/07/2013
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 Family Practice, and is licensed to practice in California, Tennessee, and Virginia. 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 injured worker is a 46-year-old who sustained an injury to his low back on October 28, 2002 while flying 50 foot forms and placing snap pins. Over time, he developed low back pain which had increased progressively. The industrial clinic dispensed medication and placed the injured worker off-duty for a short period of time. Subsequently, a referral to an orthopedic surgeon was made. An MRI of the lumbar spine was obtained, revealing disc herniation. The injured worker underwent lumbar surgery in 2003 and began post-operative physical therapy. He was then referred to pain management and underwent several sets of epidural steroid injections which helped temporarily. The injured worker was then referred to psychiatric therapy and received medication and psychological therapy. The injured worker underwent a second lumbar surgery on May 31, 2013 which he felt was unsuccessful. On July 29, 2013, he was allegedly run over by a vehicle in front of his home. The injured worker stated that this event aggravated his low back condition. The patient then completed at least ten visits of aquatic therapy and it was noted that he is compliant in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAND BASED PHYSICAL THERAPY, ONE PER WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain section, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The request for six additional visits of land based physical therapy, once a week, six times weekly is not medically necessary. Records indicate that the injured worker has been treated with an unspecified amount of post-surgical physical therapy, aquatic therapy, acupuncture, and epidural steroid injections that provided minimal benefit. The CA MTUS recommends up to 16 visits over eight weeks for the diagnosed injury. There was no additional significant objective clinical information provided that would support the need to exceed CAMTUS recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for 6 additional visits of land-based physical therapy, once a week, six times weekly, has not been established. Therefore, the request for land based physical therapy, one per week for six weeks, is not medically necessary or appropriate.