

Case Number:	CM13-0051342		
Date Assigned:	12/27/2013	Date of Injury:	12/31/2008
Decision Date:	09/30/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California, Florida and New York. 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 expert 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 52 year old male who reported a date of injury of 12/31/2008. The mechanism of injury was a fall. The injured worker had diagnoses of lumbar radiculopathy and left greater trochanter bursitis. Prior treatments included 24 sessions of physical therapy, acupuncture, chiropractic therapy and a left hip cortisone injection. Diagnostic studies and surgeries were not included within the medical records submitted for review. The injured worker had complaints of continuous pain and stiffness in the neck, wrist/hand pain, low back pain with numbness and tingling in his feet and toes, and continuous pain in the left hip with clicking, locking and grinding sensations. The clinical note dated 09/12/2013 noted the injured worker had tenderness and spasms to the paravertebral muscles in the thoracolumbar spine. Range of motion of the thoracolumbar spine showed 63 degrees of flexion, 21 degrees of extension, 21 degrees of right rotation, 21 degrees of left rotation, 21 degrees of right lateral bending, and 21 degrees of left lateral bending. The injured worker had tenderness to palpation of the greater left trochanter. The range of motion of the left hip showed 96 degrees of flexion and 40 degrees of abduction. Range of motion of the right hip showed 30 degrees of extension, 35 degrees of internal rotation, 50 degrees of external rotation and 30 degrees of adduction. Medications included Medrox pain relief ointment, Naproxen, Ketoprofen and Orphenadrine. The plan of treatment included recommendations for physical therapy and a referral for an MRI and EMG/NCV. The rationale was not provided within the medical records received. The request for authorization was dated 09/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS: Upheld

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

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

Decision rationale: The request for physical therapy three times a week for four weeks is not medically necessary. The injured worker had complaints low back pain with numbness and tingling in his feet and toes and, continuous pain in the left hip with clicking, locking and grinding sensations. Range of motion of the thoracolumbar spine showed 63 degrees of flexion, 21 degrees of extension, 21 degrees of right rotation, 21 degrees of left rotation, 21 degrees of right lateral bending, and 21 degrees of left lateral bending. The range of motion of the left hip showed 96 degrees of flexion and 40 degrees of abduction. The California MTUS guidelines recommend active therapy 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend allowing for fading of treatment frequency from up to 3 visits per week to 1 or less. The guidelines recommend 8-10 visits over 4 weeks for unspecified neuralgia, neuritis, and radiculitis. The injured worker had decreased range of motion. The findings indicated the injured worker had functional deficits that would warrant the need for physical therapy; however, it was noted the injured worker previously completed 24 sessions of physical therapy. The request for an additional 12 sessions would exceed the guidelines. There is a lack of documentation which demonstrates the injured worker had significant objective functional improvement with the prior physical therapy. As such, the request is not medically necessary.