

Case Number:	CM13-0051999		
Date Assigned:	12/27/2013	Date of Injury:	02/07/2012
Decision Date:	03/05/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/30/2013

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 Ohio 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 46-year-old female who reported an injury on 02/07/2012. The patient is currently diagnosed with cervical spine disc syndrome without myelopathy and lumbar spine disc syndrome without myelopathy. The patient was seen by [REDACTED] on 09/06/2013. The patient reported ongoing lower back pain with radiation to the bilateral lower extremities. Physical examination revealed normal lumbar lordotic curve, no evidence of asymmetry, and an abnormal gait. The patient also demonstrated decreased lumbar range of motion with paraspinal tenderness to palpation, as well as intact sensation. Treatment recommendations included a course of 24 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three (3) times per week for eight (8) weeks (total 24): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Guidelines indicate that 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 guidelines allow for fading of treatment frequency, plus active, self-directed home physical medicine. As per the documentation submitted, the patient's physical examination does reveal limited range of motion. However, the current request for twenty-four (24) sessions of physical therapy greatly exceeds guideline recommendations for a total duration of treatment. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.