

Case Number:	CM13-0052007		
Date Assigned:	12/27/2013	Date of Injury:	11/27/2012
Decision Date:	05/06/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/15/2013

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 is licensed to practice in California. 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 28-year-old female who reported an injury on 11/27/2012. The injured worker reportedly strained her lower back while assisting a client from a wheelchair to a shower chair. Current diagnoses include lumbar strain and central disc protrusion at L5-S1. The injured worker was evaluated on 09/30/2013. The injured worker reported persistent pain. The injured worker has completed 24 sessions of physical therapy and 6 to 8 sessions of chiropractic treatment. Physical examination on that date revealed a normal gait, moderately diminished range of motion, 5/5 motor strength, intact sensation in bilateral lower extremities, and tenderness to palpation of the lumbosacral midline. A review of medical records was completed at that time. Treatment recommendations included authorization for physical therapy 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:

ADDITIONAL PHYSICAL THERAPY 2 TIMES WEEKLY FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines

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

Decision rationale: The MTUS Chronic Pain 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. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 12 sessions of physical therapy exceeds Guideline recommendations. Without evidence of objective functional improvement following the initial course of physical therapy, additional treatment cannot be determined as medically appropriate. Based on the clinical information received, the request is not medically necessary and appropriate.