

Case Number:	CM13-0054979		
Date Assigned:	12/30/2013	Date of Injury:	01/18/2013
Decision Date:	03/28/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/20/2013

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 & Rehabilitation 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 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 39-year-old male who reported an injury on 01/18/2013 after he fell off the back of a truck. The patient reportedly sustained injury to the right side of the body. Prior treatments have included chiropractic care, physical therapy, activity modifications and medications. The patient's most recent clinical findings included intermittent right shoulder pain rated at a 6/10, exacerbated by overhead movements. Objective findings included tenderness to palpation along the bilateral paraspinal musculature and limited range of motion of the lumbar spine described as 40 degrees in flexion, 20 degrees in extension, 20 degrees in right and left lateral flexion with a positive bilateral straight leg raising test. The patient's diagnoses included a thoracic sprain/strain and a lumbar sprain/strain. A request was made for a thoracic and lumbar spine x-ray, physical therapy, and medication usage in addition to a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for four weeks for the lumbar and thoracic spine:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114)

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

Decision rationale: California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled supervised therapy. The clinical documentation submitted for review does support that the patient has had prior physical therapy and should be well versed in a home exercise program. However, there is no documentation that the patient is currently participating in a home exercise program. Therefore, 1 to 2 visits would be appropriate to assist the patient in re-establishing a home exercise program. However, the requested 8 visits would be considered excessive. As such, the requested physical therapy 2 times 4 weeks for the lumbar spine and thoracic spine are not medically necessary or appropriate.