

Case Number:	CM13-0055098		
Date Assigned:	12/30/2013	Date of Injury:	12/01/2012
Decision Date:	12/04/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine and 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 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:

This is a 38-year-old female with a 12/1/12 date of injury. The mechanism of injury was attributed to prolonged sitting. According to a progress report dated 11/5/13, the patient denied that she has had any physical therapy, but acknowledges having had chiropractic and acupuncture treatment. As a result, she would still like to submit a request for physical therapy. She rated her current pain as 5-6/10. Of a dull nature, aggravated with sitting too long. Objective findings: significant palpable tenderness over the cervicothoracic region (including shoulders), full cervical range of motion. Diagnostic impression: cervicothoracic myofascial pain with postural dysfunction. Treatment to date: activity modification, chiropractic treatment, acupuncture. A Utilization Review (UR) decision dated 11/12/13 denied the request for PT lumbar, 2x4. There is no medical information of substance presented with this request concerning the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American

College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function, Chapter 6, page 114

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. In the present case, according to the 11/12/13 UR decision, this is a request for 2x4 sessions of physical therapy for the lumbar spine. However, there is no documentation of complaints or functional deficits related to the low back in the records provided for review. In addition, guidelines support up to 6 sessions of physical therapy as an initial trial. This is a request for 8 sessions, which exceeds guideline recommendations. Therefore, the request for Physical Therapy for the Lumbar Spine was not medically necessary.