

Case Number:	CM13-0055655		
Date Assigned:	03/03/2014	Date of Injury:	09/11/2013
Decision Date:	05/02/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	09/11/2013

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:

The injured worker is a 30-year-old male who reported an injury on September 11, 2013, following an altercation with an inmate. The injured worker is currently diagnosed with left L5-S1 disc herniation with annular tear and left wrist strain. The injured worker was recently seen by [REDACTED] on October 24, 2013. The injured worker has completed twelve sessions of physical therapy to date. The injured worker also reported improvement with TENS (transcutaneous electrical nerve stimulation) therapy. Physical examination on that date revealed tenderness to palpation with spasm at the lumbosacral junction, and restricted lumbar range of motion. Treatment recommendations included physical therapy for core stabilization and trunk strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 4 WEEKS, FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

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

Decision rationale: The Chronic Pain Medical Treatment 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The injured worker has completed at least twelve sessions of physical therapy to date. However, there was no evidence of objective functional improvement. Therefore, additional treatment cannot be determined as medically appropriate. The request for physical therapy for the lumbar spine, twice per week for four weeks, is not medically necessary or appropriate.