

Case Number:	CM13-0056250		
Date Assigned:	12/30/2013	Date of Injury:	07/27/2013
Decision Date:	05/06/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/22/2013

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 has a subspecialty in Sports Medicine and is licensed to practice in 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 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 07/27/2013, as a result of heavy lifting. The injured worker is diagnosed with lumbosacral sprain and strain and herniated disc in the lumbar spine. The injured worker was evaluated on 11/07/2013. The injured worker reported a frequent, moderate lumbar spine pain. Physical examination was not provided on that date. Treatment recommendations included physical therapy 3 times per week.

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 A WEEK FOR FOUR (4) WEEKS TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Online Version, ODG Physical Therapy Guidelines

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

Decision rationale: California MTUS 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. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. The current request for 12 sessions of physical therapy to the lumbar spine exceeds guideline recommendations. There was also no physical examination provided for review. Therefore, there is no evidence of a musculoskeletal or neurological deficit. The injured worker has previously participated in a course of physical therapy. However, there is no evidence of objective functional improvement. Therefore, ongoing treatment cannot be determined as medically appropriate. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.