

Case Number:	CM13-0058456		
Date Assigned:	12/30/2013	Date of Injury:	10/03/2011
Decision Date:	08/19/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/27/2013

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 a Licensed Chiropractor 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 44 year old female with a date of injury of 10/3/2011. The provider submitted a request for physical therapy 2 times a week for 3 weeks for the lumbar spine and left hip. Available records stated the patient continues to complain of pain in the left inguinal region and low back extending into the buttocks. Pain increases with repetitive bending, stooping, prolonged standing, walking, and sitting. A qualified medical evaluation (QME) on 7/23/2013 demonstrated some tenderness of the left iliolumbar ligament and sacroiliac joint; and moderate tenderness over the suprapubic and left inguinal region. Diagnoses were possible inguinal hernia; lumbar spine degenerative disc disease/intervertebral disc disorder; left sacroiliac joint dysfunction; and left piriformis syndrome. The evaluating doctor did not recommend any active treatment. The treating provider has requested physical therapy 2 times a week for 3 weeks for the lumbar spine and left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS FOR THE LUMBAR SPINE AND LEFT HIP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 134.

Decision rationale: The guidelines recommend no more than 5 to 6 physical therapy visits for moderate lumbar spine problems. A review of submitted documents indicate the patient had over 18 physical therapy visits with no clear objective data of functional improvement. Continuing with physical therapy treatments is not medically necessary. Therefore, the request for physical therapy 2 times a week for 3 weeks for the lumbar spine and left hip is not medically necessary.