

Case Number:	CM13-0058998		
Date Assigned:	12/30/2013	Date of Injury:	04/01/2013
Decision Date:	08/19/2014	UR Denial Date:	11/13/2013
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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 patient with a date of injury of 4/1/13. A utilization review determination dated 11/13/13 recommends non-certification of physical therapy. The 10/29/13 medical report identifies 9 of 10 of physical therapy sessions completed to date with improvement noted. The patient felt that therapy is beginning to strengthen her core, but she continues with pain to the back. Current, there is constant pain to the low back with painful and limited movement. The pain radiates down the right leg posterolateral hip into the thigh, just above the knee. The patient describes headaches due to the back pain and back pain interferes with daily activities and sleep. There is constant right hip pain. On exam, there is lumbar spine tenderness, right hip tenderness, and bilateral hamstring tightness. The provider references physical therapy notes said to demonstrate improved ROM and strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2XWK X 6WKS LUMBAR SPINE AND RIGHT HIP: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: Regarding the request for physical therapy, California MTUS cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior physical therapy sessions. There is documentation of unspecified improvement in ROM and strength, but there is no indication of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 physical therapy sessions for this injury and there is no rationale to support additional physical therapy despite the recommendations of the CA MTUS in the absence of any significant functional deficits. In light of the above issues, the currently requested additional physical therapy 2xwk x 6wks lumbar spine and right hip is not medically necessary.