

Case Number:	CM13-0060379		
Date Assigned:	12/30/2013	Date of Injury:	05/11/2010
Decision Date:	04/10/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 patient is a 31-year-old female who reported injury on 05/11/2010. The mechanism of injury was noted to be lifting a heavy object. The patient was noted to have undergone an L4-5 and L5-S1 fusion on 02/28/2013. The patient was noted to be treated with 10 physical therapy visits. The PR-2 to accompany the DWC Form RFA of 10/31/2013 revealed the patient had little improvement with physical therapy but had low back pain and leg pain. Objectively, the patient had tenderness to palpation over the lumbar spine from L4 through S1. The patient had sciatic notch tenderness bilaterally. Lower extremity strength was 5/5 in all muscle groups. Sensation was intact to light touch throughout the bilateral lower extremity dermatomes. The diagnoses were noted to include low back pain and status post L4-S1 anterior interbody fusion. The treatment plan was noted to include a TENS unit and additional physical therapy for the lumbar spine.

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 times 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) - Physical Medicine.

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

Decision rationale: California MTUS states that physical medicine treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient had 10 sessions of physical therapy. The patient's muscle strength was 5/5 and sensation was intact to light touch. There was a lack of documentation of objective functional deficits to support ongoing therapy. The patient should be well versed in a home exercise program. Additionally, it was indicated the patient had little benefit from the 10 previous physical therapy sessions. The request as submitted failed to indicate the part of the body that physical therapy was requested for. Given the above, the request for physical therapy 2 times a week times 4 weeks is not medically necessary.