

Case Number:	CM13-0063189		
Date Assigned:	12/30/2013	Date of Injury:	09/20/2013
Decision Date:	04/14/2014	UR Denial Date:	11/24/2013
Priority:	Standard	Application Received:	12/09/2013

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 Illinois. 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 58-year-old female who reported an injury on 09/20/2013 due to a lifting injury. The patient reportedly sustained an injury to her low back. The patient was initially prescribed with a back brace, physical therapy, and medications. The patient's most recent clinical documentation noted that the patient had continued pain with spasming, palpable trigger points along the lumbar paraspinal musculature, and reduced range of motion. The patient's diagnoses included lumbosacral sprain/strain, lumbosacral radiculitis bilaterally, and cervical spine radiculitis. The patient's treatment plan included continuation of physical therapy and medications.

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 (#12): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: The requested physical therapy 3 times a week for 4 weeks is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends

up to 10 visits of physical therapy for this type of injury. The clinical documentation submitted for review does indicate that the patient has already participated in physical therapy. However, the number of previous treatments was not identified. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in any independent home exercise. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested physical therapy 3 times a week for 4 weeks for a total of 12 visits is not medically necessary or appropriate.