

Case Number:	CM13-0064642		
Date Assigned:	01/03/2014	Date of Injury:	10/18/2012
Decision Date:	05/12/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/12/2013

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 & Rehabilitation 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 64-year-old male who reported an injury on 10/18/2012. The mechanism of injury was not provided for review. The injured worker's treatment history included physical therapy, acupuncture, work conditioning, chiropractic care and medications. The injured worker was evaluated on 09/19/2013. It was documented that the injured worker had difficulty rising from a sitting position and that the injured worker's gait was within normal limits, and there was no difficulty with ambulation. The injured worker had a positive straight leg raise test bilaterally with tenderness to palpation of the thoracic and lumbosacral spines and 5/5 motor strength of the bilateral lower extremities. The injured worker's diagnoses included lumbar sprain/strain with bilateral radiculopathy and a left inguinal pain. The injured worker's treatment plan included physical therapy 2 times a week for 3 weeks and acupuncture 1 time a week for 6 weeks for the lumbosacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 89-99.

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

Decision rationale: The requested physical therapy for the lumbar spine for 6 sessions is not medically necessary or appropriate. 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 injured worker is participating in a home exercise program. Therefore, 1 to 2 visits would be appropriate to assist the injured worker with re-establishing a home exercise program. However, as the clinical documentation submitted for review indicates that the injured worker has participated in an extensive amount of physical therapy, 6 sessions would be considered excessive. As such, the requested 6 sessions physical therapy for the lumbar spine for are not medically necessary or appropriate.