

Case Number:	CM13-0064848		
Date Assigned:	01/17/2014	Date of Injury:	05/05/1976
Decision Date:	05/20/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & 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 Physician 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 65-year-old female who reported an injury on 05/05/1976, after lifting and packing trailer parts. The injured worker's diagnoses included low back pain, general osteoarthritis, chronic pain syndrome, lumbosacral neuritis, and lumbar disc displacement. The injured worker's treatment history included physical therapy, acupuncture, and medications. The injured worker was evaluated on 11/19/2013. It was documented that the injured worker had experienced an acute flare-up of chronic low back. Physical findings included restricted range of motion secondary to pain, with tenderness to palpation throughout the lumbosacral spinal and paraspinal musculature, decreased motor strength of the bilateral lower extremities secondary to pain, and decreased sensation in the distal extremities with a positive straight leg raising test. The injured worker's treatment plan included 10 sessions of physical therapy to provide therapeutic exercises for the acute flare-up and education on a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL MEDICINE PROCEDURE - PHYSICAL THERAPY 10 SESSIONS TO LUMBAR SPINE: 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.

Decision rationale: The requested physical medicine procedure, physical therapy 10 sessions to the lumbar spine, are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does indicate that the injured worker has participated in physical therapy previously. Therefore, the injured worker should be well-versed in a home exercise program. The clinical documentation fails to provide any evidence that the injured worker is actively participating in an independent self-directed home exercise program. Therefore, 1 to 2 visits would be appropriate to assist the injured worker in re-establishing and re-educating the injured worker in a home exercise program. However, the requested 10 sessions would be considered excessive. As such, the requested physical medicine procedure, physical therapy 10 sessions for the lumbar spine, are not medically necessary or appropriate.