

Case Number:	CM13-0065440		
Date Assigned:	01/03/2014	Date of Injury:	11/29/2009
Decision Date:	04/21/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/13/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 23-year-old female who reported an injury on 11/29/2009 due to a fall that reportedly caused injury to her right knee and low back pain. The patient's treatment history included a knee brace, crutches, medications, physical therapy, and activity modifications. The patient's most recent clinical evaluation documented the patient had low back pain radiating into her lower extremities rated at 10/10 without medications and 6/10 with medications. The patient's physical findings included cervical spine range of motion described as 50 degrees in flexion, 50 degrees in extension, 70 degrees in right rotation, 70 degrees in left rotation, and 35 degrees in right and left lateral flexion. Range of motion of the cervical spine was described as 45 degrees in flexion, 15 degrees in extension, and 20 degrees in right and left lateral flexion. The patient had a positive straight leg raise test to the right and tenderness along the lumbar spinous process with decreased sensation in the L3-S1 dermatomes. The patient's diagnoses included neck sprain/strain, lumbar disc protrusion, and lumbar radiculopathy. The patient's treatment plan included continuation of medications, physical therapy, and shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for lumbar spine 2 times a week for 6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, Pain Chapter, Physical Medicine

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 2 times a week for 6 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does indicate the patient has previously received physical therapy. However, there is no documentation the patient has had physical therapy directly related to the lumbar spine. California Medical Treatment Utilization Schedule recommends up to 8 to 10 visits for injuries resulting in radiculopathy. The clinical documentation does indicate the patient has low back limitations and pain radiating into the bilateral lower extremities with supporting physical examination findings of radiculopathy. Therefore, 8 to 10 visits would be appropriate for this patient. However, the request is for 10 visits. This exceeds California Medical Treatment Utilization Schedule Guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested physical therapy for the lumbar spine 2 times a week for 6 weeks is not medically necessary or appropriate.