

Case Number:	CM13-0066302		
Date Assigned:	01/03/2014	Date of Injury:	07/28/2010
Decision Date:	06/10/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 female who reported an injury on 07/28/2010. The mechanism of injury was not stated. The injured worker is currently diagnosed with C5 on C6 retrolisthesis with herniated nucleus pulposus and radiculopathy, cervical spondylosis with radiculopathy, right rotator cuff tear, L4-5 grade II unstable spondylolisthesis, L3-S1 degenerative disc disease with herniation and radiculopathy, bilateral knee pain secondary to degenerative osteoarthritis, and left wrist degeneration. The injured worker was evaluated on 10/16/2013. The injured worker reported a moderate level of pain in the lower lumbar spine with activity limitation. Physical examination revealed intact motor examination and well-healed anterior and posterior incisions. Treatment recommendations at that time included 12 additional physical therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY FOR THE LUMBAR SPINE (12 SESSIONS):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of a treatment frequency from up to 3 visits per week to 1 or less. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 12 additional sessions exceeds guideline recommendations. Additionally, there is no evidence of significant functional improvement following the initial course of therapy. The injured worker continues to report persistent lower back pain with activity limitation. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.