

Case Number:	CM13-0066547		
Date Assigned:	01/03/2014	Date of Injury:	10/20/2008
Decision Date:	05/19/2014	UR Denial Date:	11/25/2013
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 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 injured worker is a 53-year-old who reported an injury on October 20, 2008 due to a reaching motion that reportedly caused injury to her low back. The injured worker ultimately underwent laminectomy and fusion at the L4-5 that resulted in a persistent non-healing wound to the low back. The injured worker was treated with physical therapy and multiple medications. A request for physical therapy was made on November 1, 2013; however, no justification was provided for the request. The injured worker was evaluated on December 13, 2013. Physical findings included diffuse tenderness to palpation along the lumbar musculature with no evidence of motor deficits. The injured worker's diagnoses included low back pain and status post surgical intervention. The injured worker's treatment plan at that time was continuation of medications and additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY ULTRASOUND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The requested outpatient physical therapy is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of physical medicine to address weakness, pain, and range of motion deficits. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's deficits to support the need for physical therapy. Additionally, the request includes ultrasound which is a passive modality. The California Medical Treatment Utilization Schedule does not recommend the use of passive modalities during active therapy. Also, the request as it is submitted does not provide duration of treatment or body part. The request for outpatient physical therapy ultrasound is not medically necessary or appropriate.