

Case Number:	CM13-0067230		
Date Assigned:	01/03/2014	Date of Injury:	03/04/2012
Decision Date:	04/24/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational Medicine 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:

According to the records made available for review, this is a 42-year-old female with a 3/4/12 date of injury. At the time of request for authorization for PT/ work hardening for low back 2 times a week for 3 weeks, there is documentation of subjective (low back, neck, and left knee pain) and objective (decreased cervical spine range of motion; tenderness and muscle spasm with positive orthopedic tests; and decreased sensation in the lower extremity) findings, current diagnoses (lumbar spine herniated nucleus pulposus with radiculopathy, cervical spine myoligamentous injury, and left knee myoligamentous injury), and treatment to date (at least 6 previous physical therapy visits with temporary relief, decreased pain, decreased muscle spasm, increased range of motion, and greater ease with activities of daily living). Report identifies a request for continuation of physical therapy 2 times a week for 3 weeks to include work hardening.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT)/ WORK HARDENING PROGRAM FOR THE LOW BACK 2 TIMES A WEEK FOR 3 WEEKS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page(s) 114 and Official Disability Guidelines (ODG) Low Back, Physical Therapy (Low Back).

Decision rationale: MTUS reference to ACOEM identifies the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, as criteria necessary to support the medical necessity of additional physical therapy. ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbosacral neuritis/radiculitis not to exceed 10-12 visits over 8 weeks, and documentation of exceptional factors when treatment duration and/or number of visits exceeds the guidelines. Within the medical information available for review, there is documentation of diagnoses of lumbar spine herniated nucleus pulposus with radiculopathy, cervical spine myoligamentous injury, and left knee myoligamentous injury. In addition, there is documentation of at least 6 previous physical therapy visits, functional deficits, functional goals, and a request for continuation of physical therapy 2 times a week for 3 weeks to include work hardening. Furthermore, given documentation of temporary relief, decreased pain, decreased muscle spasm, increased range of motion, and greater ease with activities of daily living with previous physical therapy, there is documentation of objective improvement with previous treatment. Therefore, based on guidelines and a review of the evidence, the request for physical therapy (PT)/ work hardening program for the low back 2 times a week for 3 weeks is medically necessary.