

Case Number:	CM13-0067288		
Date Assigned:	06/09/2014	Date of Injury:	07/17/2007
Decision Date:	07/15/2014	UR Denial Date:	11/27/2013
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:

This is a 47-year-old female with a 7/17/07 date of injury. She had a malleolar fracture with delayed union of the left ankle. The patient has ongoing low back complaints from her industrial injury. She was seen on 10/29/13 with complaints of not being able to walk for extended periods of time, and inability to do housework. The patient is noted to be working full time. Exam findings revealed L5 spine process tenderness and lumbar and cervical paraspinal muscles. The patient is noted to have frequent lumbar pain flare ups. Treatment to date: medications, ice, trigger point injections, Lidoderm patches, Home Exercise Program (HEP), chiropractic treatment, physical therapy (PT, unknown number of sessions, when the patient had PT, and if it was beneficial). A UR decision dated 12/17/13 denied the request given the patient had prior PT, however it was not known how many sessions she had or if they were beneficial as there were no notes available for review, and the request is for 8 sessions but ODG guidelines recommend 10 visits for this diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 1 TIMES A WEEK TIMES 8 WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 10/09/2013), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Pain, Suffering, and the Restoration of Function Chapter 6 (page 114) and the Official Disability Guidelines (ODG) Physical Therapy.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient is noted to have had prior PT however these notes were not made available for review and it is unclear if the patient had any benefit. The patient is noting frequent flare ups of her back pain, and while physical therapy might be indicated for this patient's flare ups, there is insufficient information with regard to her prior physical therapy. In addition, ODG recommends starting with 6 sessions to assess for benefit before continuing further PT. Therefore, the request as submitted was not medically necessary.