

Case Number:	CM13-0069033		
Date Assigned:	01/03/2014	Date of Injury:	02/07/2012
Decision Date:	05/28/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/20/2013

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:

The patient has submitted a claim for low back pain with an industrial injury date of February 7, 2012. Treatment to date has included physical therapy, lumbar epidural steroid injection (April 2012), and medication which includes naproxen. Utilization review from December 2, 2013 denied the request for physical therapy 3 times a week for 6 weeks for lumbar spine because there is no documentation of how many PT visits the patient has attended to date and no functional deficits that would not be addressed by home exercise program. Medical records from 2012 to 2013 were reviewed, the latest of which dated November 6, 2013 which revealed that patients presents with ongoing pain in her bilateral shoulders, neck, lower back and bilateral knees. On physical examination, there is pain with terminal range of motion of bilateral shoulders left worse than right as well as with regards to her lumbar spine. There is tenderness along the periscapular region as well as the lower back at L4 through S1 and superior iliac crest. There is also tenderness at the thoracolumbar junction. On examination of the knees, there is pain with regards to her patellofeoral joints with compression and crepitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR SIX WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 - Independent

Medical Examinations and Consultations and Chronic Pain Medical Treatment Guidelines for Physical Medicine.

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

Decision rationale: Pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines state that fading of treatment frequency (from up to 3 visits per weeks to 1 or less), plus active self-directed home physical therapy is recommended. In this case, the total number of physical therapy sessions completed was not indicated. Also, there was no documentation of pain relief and functional improvement with the previous sessions. Therefore, the request for physical therapy 3 times a week for 6 weeks for lumbar spine is not medically necessary and appropriate.