

Case Number:	CM13-0070466		
Date Assigned:	01/03/2014	Date of Injury:	08/05/2010
Decision Date:	04/14/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/24/2013

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 has a subspecialty in Interventional Spine 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 is a 27 year old female with date of injury of 08/05/2010. The listed diagnoses per [REDACTED] dated 11/18/2013 are: 1. Sciatica 2. Radiculopathy spine/lumbar/leg 3. Degenerative disc disease lumbosacral According to progress report dated 11/18/2013 by [REDACTED], the patient presents with continued back pain to the left hip, buttock and left leg. Objective findings show positive straight leg raising on the left at 80 degrees. There is also trace weakness on the left extensor hallucis longus muscle. The treating physician is requesting 10 additional physical therapy sessions due to deconditioning and weakness in the leg and foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Physical Therapy 2x5: Upheld

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

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

Decision rationale: This patient presents with chronic low back, left hip and leg pain. The treating physician is requesting 10 additional physical therapy sessions for the low back, left hip

and leg. Utilization review dated 11/25/2013 modified the request to 8 sessions. Review of over 160 pages of records do not show any recent physical therapy reports to verify how much treatment and with what results were accomplished. Progress report dated 08/20/2013 by [REDACTED] documents "She did have good success with physical therapy, and I have ordered therapy twice a week for four weeks." MTUS Guidelines page 98 and 99 for physical medicine recommends 8 to 10 visits for myalgia myositis, and neuralgia-type symptoms. In this case, it would appear that the patient has had some therapy in the recent past and the treating physician has asked for additional therapy. Given that MTUS guidelines only allow for 8-10 sessions for this type of condition, and that the patient recently had therapy, additional 10 sessions would not be supported. MTUS does not allow for on-going therapy based on subjective improvement. Recommendation is for denial.