

Case Number:	CM13-0070489		
Date Assigned:	01/03/2014	Date of Injury:	08/15/2004
Decision Date:	04/21/2014	UR Denial Date:	12/11/2013
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 & Rehabilitation, 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 59 year old male who was injured on 08/15/2004 while he was fighting fire on a steep hillside, turned the hose nozzle on and was propelled down the hill injuring his right hip, elbow/arm, and mid low back. Prior treatment history has included physical therapy 12 visits with 80% improvement. The patient underwent a right total hip replacement. He received a right hip injection on 08/07/2013. A progress note dated 11/19/2013 documented the patient to have complaints of cramping left buttock pain and numbing into his left leg. This has been held and checked by regular physical therapy, which he attends every other week. He was last seen on 04/30/2013. His physical therapy prescription expired toward the end of September 2013. His pain falls from level 8 down to level 4 when he is in regular physical therapy. Objective findings on exam revealed there are no neurological deficits. The assessment is that of a 59 year old man with L4-5 disc herniation responsive to conservative care measures. He is given a prescription to continue with physical therapy every other week for 12 weeks. He is counseled regarding activity modification, medication management and home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY EVERY OTHER WEEK X 12 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Chronic Pain Guidelines state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." According to the medical records provided for review, the patient has been undergoing treatment for the diagnosis of chronic low back pain. It appears he has received a prolonged course of physical therapy, as a maintenance protocol. The current medical records do not document any clinical examination findings that establish medical necessity for additional supervised physical therapy at this time. Additionally, there is insufficient documentation establishing the relevant benefit obtained as a result of rendered therapy. In absence of clear findings of clinically significant functional deficits such as to establish an exacerbation unresponsive to self-care measures, continuation of supervised therapy is not supported. The request is not medically necessary and appropriate.