

Case Number:	CM13-0072004		
Date Assigned:	01/08/2014	Date of Injury:	06/16/2012
Decision Date:	06/05/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/30/2013

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 and is licensed to practice in Illinois. 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 injured worker is a 28 year old male who reported an injury while moving heavy boxes and office furniture while at work on 06/19/2012. In the clinical note dated 08/29/2013, the injured worker complained of increased stiffness in the back and popping and cracking with range of motion. In the physical documentation, x-rays were taken and revealed significant rotation of the L5 on S1 and L4 and loss of disc height at the L5-S1 along with foraminal stenosis at that level. In the treatment plan discussed, the clinical note documented that the injured worker had tried physical therapy, chiropractic treatment and acupuncture. The option of an epidural injection was presented to the injured worker and he was thinking about it. The injured worker was to return in 6 weeks. The injured worker was to continue on light work status with a lifting limit of 50 pounds. In the physical therapy note dated 04/29/2013, the plan indicated that no further skilled care was necessary and the injured worker was discharged from physical therapy and was given a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PHYSICAL THERAPY SESSIONS: Upheld

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

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

Decision rationale: The request for eight (8) physical therapy sessions is non-certified. The California MTUS guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In the clinical note, it was not documented if the injured worker had tried the home exercise program that was suggested. It was also documented that the injured worker had tried physical therapy and it did not have the desired results. The requesting physician did not include an adequate and complete assessment of the injured workers objective functional condition. As such, the request for physical therapy was not in the treatment plan. Therefore, the request for eight (8) physical therapy sessions are not medically necessary or appropriate.