

Case Number:	CM13-0072166		
Date Assigned:	01/08/2014	Date of Injury:	11/19/2012
Decision Date:	06/06/2014	UR Denial Date:	11/27/2013
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 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 injured worker is a 35 year old male with a reported date of injury on 11/19/2012. The mechanism of injury reportedly occurred when the worker was pulling out a trash can while performing his duties as a driver. According to the clinical document dated 11/27/2012, the injured worker complained of lower back pain on a scale of 5/10. The injured workers range of motion to the lumbosacral spine demonstrated flexion to 80 degrees, extension to 20 degrees, rotation to the right and left to 45 degrees and lateral tilt bend to the left and right to 30 degrees. Physical therapy was prescribed for the injured worker on 11/27/2012. According to the Clinical note dated 12/14/2012 the injured workers range of motion to the lumbosacral spine demonstrated Flexion to 70 degrees, extension to 20 degrees, rotation to the right and left to 40 degrees and lateral tilt bend to the left and right at 20 degrees. The diagnoses included sprains/strains of lumbosacral ligaments. The injured workers medication regimen included Naproxen and Flexeril. The request for authorization for outpatient physical therapy 2 times a week for 6 weeks was submitted on 12/29/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS: Upheld

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

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

Decision rationale: The CA MTUS recommend active therapy based on therapeutic exercise being beneficial for restoring flexibility, strength, endurance, function, range of motion and decreased pain. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend the time to produce effect is 4-6 treatments. According to the clinical documents provided the injured worker has completed 6 visits of physical therapy. In addition, the documentation provided indicated the injured worker experienced a decrease in range of motion after completing the physical therapy visits. The initial 6 visits of physical therapy did not appear to benefit the injured worker in functional improvement. The request for an additional 12 physical therapy visits exceeds the recommended guidelines. Therefore, the request for outpatient physical therapy 2 times a week for 6 weeks is non-certified.