

Case Number:	CM14-0002727		
Date Assigned:	01/29/2014	Date of Injury:	10/03/2012
Decision Date:	06/19/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/08/2014

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 Orthopedic Surgeon, and is licensed to practice in Texas. 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 63-year-old female who sustained an injury to her low back on October 03, 2012 while carrying boxes from the freezer and fainted. The patient complained of neck, mid back and low back pain that radiated into the bilateral upper/lower extremities. The injured worker also reported diffuse joint pain. The records indicate the injured worker underwent an initial regimen of six physical therapy visits following injury. Physical examination noted tenderness to palpation at the mid thoracic and lower lumbar region; forward flexion 40°, extension 20° and right/left lateral bending 20°; motion reproduced shooting-type pain into the bilateral lower extremities; Deep Tendon Reflexes 2+. Plain radiographs revealed diffuse osteoarthritic changes. The injured was diagnosed with a disc bulge. Additional physical therapy was recommended, Norco and Motrin was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF OUTPATIENT PHYSICAL THERAPY, 3 PER WEEK FOR 4 WEEKS TO THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Physical therapy (PT).

Decision rationale: The request for 12 visits of outpatient physical therapy, three times a week times four weeks to lumbar spine is not medically necessary. The previous request was denied on the basis that 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. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities the Official Disability Guidelines (ODG) recommends up to ten visits over eight weeks for the diagnosed injury with allowing for fading or frequency from up to three or more visits per week to one of us, plus active self-directed home physical therapy. There was no additional significant objective clinical information provided that would support the need to exceed the ODG recommendations, either in frequency or duration of physical therapy visits. As such, medical necessity of this request hasn't been established.