

Case Number:	CM14-0004516		
Date Assigned:	02/05/2014	Date of Injury:	08/09/2013
Decision Date:	06/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/13/2014

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 Occupational Medicine 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:

This is a 49-year-old male with a 8/9/13 date of injury after heavy lifting and felt pain in his low back. His diagnosis is back sprain NOS with muscle spasm and weakness. He has had 9 Physical Therapy sessions to date. A progress note from his 9th physical therapy dated 12/3/13 revealed the patient had some improvements with his course but still had significant complaints of pain with transitional movement, bending, twisting, as well as an inability to lift objects. A progress note from 11/1/13 noted the patient had decreased range of motion of the lumbar spine from 20-60% of normal. The patient was also noted to have strength deficits with hip flexion, extension, and abduction, straight leg raise was positive on the right. The gluteus and piriformis muscles were tender to palpation. The patient is noted to have a home exercise program but still has significant difficulty with ADL's. A UR decision dated 12/20/13 denied the request given the course of physical therapy in October 2013 does address any functional gains.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Guide.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (Physical Therapy); American College of Occupational.

Decision rationale: The CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient had a 6-week course of physical therapy in October 2013; only the 1st sessions were available for review dated October 8th 2103. While the patient made some minor improvements with regard to range of motion, the patient's strength deficits, pain, and range of motion had not significantly improved from his last sessions (i.re. based on the first physical therapy progress note forward bending went from 14-28 degrees, back bending 8-18 degrees, right rotation from 50-60 degrees, and right bend from 18-21 degrees). In addition, there is no mention that the patient ever reached his functional goals. Therefore, the request for additional Physical Therapy two (2) times a week for four (4) weeks for the Lumbar was not medically necessary.