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| Case Number: | CM14-0004578 | | |
| Date Assigned: | 02/03/2014 | Date of Injury: | 05/08/2013 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 12/20/2013 |
| Priority: | Standard | Application Received: | 01/10/2014 |

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 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 61-year-old female who reported an injury on 5/8/13. The mechanism of injury was not included within the documentation. Her prior treatments were noted to be physical therapy and occupational therapy. The injured worker's diagnoses were noted to be cervical spine strain, lumbosacral strain, and left wrist contusion. It was noted on a progress report dated 9/30/13 that the injured worker had complaints of low back pain. The objective findings included no swelling, erythema or ecchymosis over the lumbar spine region. There was tenderness to palpation of the lumbosacral spine. There was no evidence of muscle spasm and the injured worker had full range of motion. Distal reflexes were intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY #3 LUMBAR SPINE 3X2=6 QTY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state that physical medicine is recommended. For myalgia and myositis, the guidelines recommend up to 9-10 visits with the

fading of treatment frequency, plus the addition of active self directed home physical medicine. The injured worker was seen for a physician's evaluation on 9/30/13. The treatment plan included six additional sessions of physical therapy to the lumbosacral spine. On that date, the evaluation of the lumbosacral spine indicated full range of motion. The documentation failed to provide motor strength values. There is a lack of documentation regarding objective functional improvements from the prior sessions of physical therapy. There is also no indication of residual deficits requiring additional therapy. The guidelines allow up to 10 visits; therefore, the request for an additional six would be in excess of the guideline parameters. As such, the request is not medically necessary.