MAXIMUS Federal Services

Case Number:	CM14-0007577		
Date Assigned:	02/10/2014	Date of Injury:	10/20/2004
Decision Date:	08/05/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/21/2014

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:

This is a 72-year-old female patient with a 10/20/04 date of injury. Progress reports from 11/23/2013 to 1/24/14 indicted complaints of lower back, lumbar spine problems and pain in the left lower extremity. This was a follow up for sciatica. Physical exam demonstrated the patient ambulating without assistive devices and limp. There was tenderness at the L4. Palpitation of the left hip demonstrated tenderness of the S1, tenderness of the paraspinal region at L4. Lateral flexion to the left 10 degrees and the right 15 degrees, extension 10 degrees. Hip flexion on iliopsoas is 3/5, L2-4 motor strength on the left; knee extension of quadriceps 3/5. Right side was normal. She was diagnosed with Sciatica. Treatment to date; medication, lumbar epidural injection x2, and recommendation for physical therapy, which she has not started yet. There is documentation of a previous 1/14/14 adverse determination based on the fact that the current request was significantly in excess of the current guidelines and modified to 9 sessions therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TO THREE (2-3) TIMES A WEEK FOR EIGHT(8) 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 Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. However, the medical reports do not clearly establish objective and measured functional gains, improvement with activities of daily living, or discussions regarding return to work as a result of previous physical therapy. In addition, the number of visits completed to date was not readily identified. There is no clear description of education with respect to independent exercises, compliance, or failure of an independent program to address the residual deficits. There was also modification for 9 sessions of therapy per UR dated 1/14/14, and it is unclear why such an initial trial would have been inappropriate. Therefore, the request for physical therapy two to three (2-3) times a week for eight(8) weeks is not medically necessary.