

Case Number:	CM14-0009190		
Date Assigned:	02/14/2014	Date of Injury:	04/01/2013
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/23/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of 4/1/13. A utilization review determination dated 1/7/14 recommends modification of physical therapy from 8 sessions to 4 sessions. 1/6/14 medical report identifies that the patient has attended 7 or 8 PT sessions with unspecified benefit noted. There is low back pain radiating to the bilateral lower extremities with some numbness and tingling in the left calf area. She also complains of right hip pain. On exam, there is lumbar spine and right hip tenderness and decreased sensation to the left medial calf.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2X4 FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE GUIDELINES,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 20.

Decision rationale: Regarding the request for ADDITIONAL PHYSICAL THERAPY 2X4 FOR LUMBAR SPINE, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain

improvement levels." Within the documentation available for review, there is documentation of completion of 7 or 8 prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions or why any remaining deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested ADDITIONAL PHYSICAL THERAPY 2X4 FOR LUMBAR SPINE is not medically necessary.

ADDITIONAL PHYSICAL THERAPY 2X4 FOR RIGHT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE GUIDELINES,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 20.

Decision rationale: Regarding the request for ADDITIONAL PHYSICAL THERAPY 2X4 FOR RIGHT HIP, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of 7 or 8 prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions or why any remaining deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury. In light of the above issues, the currently requested ADDITIONAL PHYSICAL THERAPY 2X4 FOR RIGHT HIP is not medically necessary.