

Case Number:	CM14-0009404		
Date Assigned:	02/12/2014	Date of Injury:	03/10/2008
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/24/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 54 year old female who, according to the Utilization Review dated 12/27/2013, the patient was a manager at a [REDACTED] when she stepped upon a promotional flyer that had a crayon under it; she slipped and fell, landing upon her buttocks injuring her neck, low back and left foot. Since then, she had ongoing lumbar and lower back pain. According to the Follow-up Reports dated Feb 13, 2013, July 26, 2013 and Sept 26, 2013 the patient had increasing amount of pain in her neck, lower back and left foot. Also continues to have pain in her right wrist and hand. On physical examination she is found to have spasm, tenderness and guarding along the paravertebral musculature of the cervical and lumbar spine with loss of range of motion. Decreased sensation is noted over the C6 and L5 dermatomes bilaterally. Tenderness is noted over the left plantar fascia and left side of the foot. She reports significant benefit with previous physical therapy session (without delineating as to what specific benefits (functionality, pain level, mobility, etc.). At dispute is a four week period of physical therapy to address her lumbar spine discomfort, three visits per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE LUMBAR SPINE THREE TIMES PER WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE, Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy.

Decision rationale: In general it is recommended that active therapy was found to be of greater benefit than passive therapy. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A thorough review of the provided documentation fails to provide evidence of benefit of previous physical therapy thus far undergone. Without evidence of improvement in functionality, pain reduction or mobility additional therapy may not be of benefit. According to the ODG Guidelines the low back pain; Physical Therapy is limited to 10 visits over 8 weeks for lumbar sprains and strains. The patient's medical documentation does not discuss the number of visits provided thus far. Based upon the information provided, that continued Physical Therapy is not medically necessary.