

Case Number:	CM14-0100909		
Date Assigned:	09/24/2014	Date of Injury:	05/21/2013
Decision Date:	10/24/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/30/2014

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 & 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 patient is a 48-year-old male who has submitted a claim for lumbosacral disc injury, lumbar radiculopathy, left S1, and lumbosacral sprain/strain injury associated with an industrial injury date of 05/21/2013. Medical records from 12/04/2013 to 06/23/2014 were reviewed and showed that patient complained of low back pain graded 5-6/10. Physical examination revealed decreased ROM, positive SLR test, intact MMT of lower extremities, and decreased sensation over the left leg. Treatment to date has included 22 visits of physical therapy, lumbar ESI, and electro-acupuncture. Of note, full return to work capability was documented with physical therapy notes dated 06/19/2014. Utilization review dated 05/27/2014 denied the request for Physical Therapy x 8 Sessions because the medical necessity cannot be established due to insufficient information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x8 Sessions: 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 Medicine Page(s): 98-99.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, patient complained of low back pain. Physical findings did not reveal evidence of acute exacerbation to warrant additional therapy. Moreover, the patient has already completed 22 visits of physical therapy with capability of returning to work. It is unclear as to why the patient cannot self-transition into HEP. The request likewise failed to specify the body part to be treated. Therefore, the request for Physical Therapy x 8 Sessions is not medically necessary.