MAXIMUS Federal Services

Case Number:	CM14-0101673		
Date Assigned:	09/12/2014	Date of Injury:	11/20/1997
Decision Date:	10/14/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/01/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 51 year old male who reported an injury on 11/20/1997 with an unknown mechanism of injury. The injured worker was diagnosed with degeneration of lumbar or lumbosacral intervertebral disc. The injured worker was treated with medications and physical therapy. The medical records did not provide diagnostic studies or surgical history. On the clinical note dated 05/14/2014, the injured worker complained of uncontrollable lumbar pain. The injured worker had 50% active range of motion to all directions of the lumbar spine, had 25% range of motion noted from 04/10/2014. The injured worker had 4/5 muscle strength to the trunk. The injured worker was prescribed Celebrex; the dosage and frequency was not provided. The injured worker had attended 10 visits of physical therapy. The treatment plan was for 6 Physical Therapy Visits. The rationale for the request was to improve range of motion, strength, and decrease pain. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 6 Physical Therapy Visits: Upheld

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

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

Decision rationale: The request for 6 Physical Therapy Visits is not medically necessary. The injured worker is diagnosed with degeneration of lumbar or lumbosacral intervertebral disc. The injured worker complains of uncontrollable lumbar pain. The injured worker has 50% active range of motion to all directions of the lumbar spine; he had 25% range of motion noted from 04/10/2014. The California MTUS guidelines note 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. The guidelines recommend 9-10 visits over 8 weeks. The medical records indicate 10 physical therapy visits were completed and improved the injured worker's functional deficits. The request for 6 additional sessions would exceed the guideline recommendations. The submitted request does not indicate what site the physical therapy is for. As such, the request for 6 Physical Therapy Visits is not medically necessary.