MAXIMUS Federal Services

Case Number:	CM14-0103127		
Date Assigned:	09/16/2014	Date of Injury:	11/19/1998
Decision Date:	10/22/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/03/2014

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 Texas and Ohio. 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 60-year-old female who reported an injury on 07/03/2014 due to unspecified cause of injury. The injured worker complained of low back pain. The injured worker had a diagnoses of obesity, gastritis, atrial fibrillation, thyroid cancer, adult onset diabetes, chronic left lumbar radiculitis with weakness, status post L5-S1 anterior lumbar interbody fusion dated 2001. The objective findings dated 05/05/2014 revealed blood pressure of 153/72, pulse 67, heart was irregular, painful decrease lumbar spine range of motion and deferred back pain with straight leg raise. The medications included metformin, Januvia, Lantis, warfarin, gabapentin, and Norco. Diagnostics available. The treatment plan included to encourage authorization for physical therapy. The Request for Authorization dated 09/16/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 (Eight) sessions of Outpatient occupational therapy to the lumbar, frequency and duration not provided: 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: The California MTUS state that 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. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured workers prior course of physical therapy as well as the efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed for the right knee is unclear. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The clinical note did not provide enough documentation for reviewer to make a decision. The physical findings were vague. Unable to determine if the injured worker has had any physical therapy. The request did not indicate the frequency or duration of the therapy. As such, request is not medically necessary.