

Case Number:	CM14-0104557		
Date Assigned:	07/30/2014	Date of Injury:	12/31/2013
Decision Date:	09/12/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/07/2014

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 Illinois. 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 39-year-old male who reported an injury on 12/31/2013. The mechanism of injury involved a fall. Current diagnoses include lumbar myofascial strain and hip flexor muscle strain. Previous conservative treatment includes chiropractic therapy, acupuncture, physical therapy, medication management and activity modification. The injured worker was evaluated on 02/19/2014. Physical examination revealed paralumbar tenderness with spasm, decreased lumbar range of motion, negative straight leg raising, normal motor strength, 2+ deep tendon reflexes, and intact sensation. X-rays of the lumbar spine obtained in the office on that date indicated normal findings. X-rays of the pelvis obtained in the office on that day indicated normal findings. Treatment recommendations at that time included a course physical therapy and a prescription for Mobic 15 mg. There was no DWC form RFA submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy to lumbar spine 2 times per week for 6 weeks (12 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 Page(s): 98-99.

Decision rationale: California MTUS Guidelines state 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. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. The current request for 12 sessions of physical therapy for the lumbar spine exceeds guideline recommendations. There is also no documentation of objective functional improvement following the initial course of physical therapy. The medical necessity for additional treatment has not been established.