

Case Number:	CM14-0105502		
Date Assigned:	07/30/2014	Date of Injury:	02/21/2002
Decision Date:	09/22/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/08/2014

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 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 66-year-old female, who reported an injury on 02/21/2002. The mechanism of injury was not provided. On 06/06/2014, the injured worker presented with low back pain. Upon examination, there was pain along the entire right lumbar area extending up to the lower thoracic, right buttock, and right lateral thigh usually stopping at the knee. There was decreased motor strength in dorsiflexion laterally at the L5 and decreased sensation at the L5. There was a positive straight leg raise to the right. The diagnoses were sciatica and foot drop. The provider recommended additional physical therapy; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy qty :12: 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.

Decision rationale: The request for additional physical therapy quantity of 12 is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, 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 is lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy, up to 4 weeks; the amount of physical therapy visits that have already been completed was not provided. Additionally, the provider's request does not indicate the site at which the physical therapy was intended in the request as submitted, or the frequency of the visits. There was lack of objective functional deficits upon physical examination. As such, the request is not medically necessary.