

Case Number:	CM14-0106943		
Date Assigned:	08/01/2014	Date of Injury:	10/04/2013
Decision Date:	09/30/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/10/2014

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 Internal Medicine, 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 injured worker is a 65 year old female who reported an injury on 10/04/2013 after a trip and fall. Diagnoses included lumbosacral strain, rule out left sided radiculitis. Past treatments included right ankle post-operative physical therapy and medications. Diagnostic studies included an x-ray of the lumbar spine, results not provided. Surgical history included an ORIF of the right ankle on 10/17/2013. The clinical note dated 02/07/2014 indicated the injured worker complained of right ankle and foot pain, and low back pain radiating at times to the upper back and posterior thighs. Physical exam of the lumbar spine revealed muscle spasm and tightness on palpation, negative straight leg raise, and decreased range of motion. As of 02/07/2014, current medications included Vicodin. The treatment plan included eight physical therapy visits for the lumbar spine. The rationale for treatment and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: 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 allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy. The guidelines recommend 8-10 sessions of physical therapy over 4 weeks for radiculitis. The injured worker complained of low back pain that at times radiated to the upper back and posterior thighs. There is a lack of documentation indicating that the injured worker has significant objective functional deficits for which physical therapy would be indicated. There is a lack of documentation indicating whether the injured worker has had prior physical therapy, as well as the efficacy of any prior therapy. Therefore, the request is not medically necessary.