

Case Number:	CM14-0010335		
Date Assigned:	02/21/2014	Date of Injury:	08/28/2009
Decision Date:	06/25/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/27/2014

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, has a subspecialty in Sports 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 60 year old female with an injury reported on 08/28/2009. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/27/2013 reported that the injured worker complained of low back pain with a 'shooting' sensation down bilateral legs. Upon physical examination, the injured worker's thoracic and lumbar paraspinal muscles revealed moderate tenderness. It was reported the injured worker's range of motion to her lumbar spine demonstrated 50 to 60% in all directions with moderate muscular spasm and guarding. The injured worker's prescribed medication list included anaprox and prilosec. The injured worker's diagnoses included status post right shoulder rotator cuff repair; right shoulder adhesive capsulitis with chronic shoulder pain; chronic persistent lumbago; lumbar disc bulging L3-4, L4-5, and L5-S1; lumbar radiculitis; chronic right wrist pain; oral medicine intolerance; and gastritis with oral pain medication. The provider requested 8 visits of physical therapy to reteach the injured worker proper exercise techniques so she can progress into an independent home exercise regimen. The request for authorization was submitted on 01/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 8 VISIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(.

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

Decision rationale: The request for physical therapy 8 visit is not medically necessary. The injured worker complained of low back pain with a 'shooting' sensation down bilateral legs. The injured worker's thoracic and lumbar paraspinal muscles revealed moderate tenderness. The injured worker's range of motion to her lumbar spine demonstrated 50 to 60% in all directions with moderate muscular spasm and guarding. The California MTUS guidelines active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Within the provided documentation an adequate and complete assessment of the injured worker's functional condition was not provided; it was unclear if the injured worker had significant functional deficits. The patient's response to prior therapy was not provided to support additional therapy. Thus, the request is not medically necessary.