

Case Number:	CM14-0011671		
Date Assigned:	06/11/2014	Date of Injury:	08/29/2013
Decision Date:	07/31/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/29/2014

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 42-year-old male who reported an injury after he fell on 08/29/2013. The clinical note dated 11/27/2013 indicated diagnoses of hip pain, cervical sprain/strain, rotator cuff sprain, and lumbar sprain/strain. The injured worker reported slight pain in left supraspinatus muscle and he reported he used a Canadian crutch, but wanted to transition to a cane. He reported most of his pain was in his left sacroiliac joint area and radiated to his posterior thigh. The injured worker reported the left leg was numb. On physical examination, the injured worker limped on his left leg. There was tenderness to the left sacroiliac joint. The injured worker had a positive straight leg raise of 70 degrees and the injured worker had a global sensory loss in the left leg. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included tramadol. The provider submitted a request for additional physical therapy x8. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy times 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for additional pt x8 is not medically necessary. 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. The guidelines note 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 a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. In addition, there is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Additionally, the amount of physical therapy visits that have already been completed is not indicated. Moreover, the request does not indicate a body part for the physical therapy. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request for additional physical therapy is not medically necessary.