

Case Number:	CM14-0016924		
Date Assigned:	04/11/2014	Date of Injury:	05/23/1997
Decision Date:	05/28/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 60-year-old female who reported an injury on 05/23/1997. The mechanism of injury was a slip and fall. The injured worker reportedly sustained an injury to her neck and low back. The injured worker ultimately underwent decompression and fusion at the L4 through the S1 followed by physical therapy. Multiple medications were also used to manage the injured worker's postsurgical pain. The injured worker was evaluated on 12/11/2011. Physical findings included restricted range of motion of the cervical and lumbar spine. The injured worker had a positive straight leg raising test, tenderness to palpation of the paralumbar musculature, decreased sensation on the top of the bilateral feet and altered sensation in the anterior lateral thighs and knee area. The injured worker's diagnoses included chronic low back pain, and cervical strain with intermittent radicular symptoms. The injured worker's treatment plan included supplies for a muscle stimulator as use of the stimulator was providing benefit and pain relief, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT PHYSICAL THERAPY VISITS TWICE A WEEK FOR FOUR WEEKS TO THE LUMBAR SPINE: 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): 98-99.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled therapy. The clinical documentation submitted for review does indicate that the injured worker is participating in a home exercise program. As the injured worker does have ongoing pain and range of motion deficits, 1 to 2 visits of physical therapy to reassess and re-educate the injured worker in a home exercise program would be appropriate. However, the requested 8 physical therapy treatments would be considered excessive. The request for physical therapy visits twice a week for four weeks to the lumbar spine is not medically necessary and appropriate.