

Case Number:	CM14-0017475		
Date Assigned:	04/14/2014	Date of Injury:	09/26/2013
Decision Date:	06/02/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/11/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 46-year-old male who reported an injury on 09/26/2013, secondary to a fall. Current diagnoses include lumbar spine sprain, rule out lumbar radiculopathy, bilateral knee sprain, status post closed fracture of the medial malleolus of the right ankle, and left ankle sprain. The injured worker was evaluated on 10/30/2013. The injured worker reported persistent lower back pain, bilateral knee pain, and bilateral ankle pain. Physical examination revealed tenderness to palpation from L3-L5, paraspinal muscle guarding, limited lumbar range of motion, positive straight leg raising bilaterally, 2+ tenderness over the medial and lateral joint line of bilateral knees, limited range of motion of bilateral knees, positive McMurray's testing bilaterally, 1+ tenderness to palpation over the medial and lateral malleolus of the left ankle, limited left ankle range of motion, and positive eversion/inversion testing. Treatment recommendations at that time included a course of physical therapy and acupuncture 3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 3 TIMES A WEEK FOR 6 WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: California MTUS Guidelines state 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. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. The current request for 18 sessions of physical therapy for the lumbar spine exceeds guideline recommendations. Therefore, the request is not medically appropriate. As such, the request is non-certified.