

Case Number:	CM14-0115983		
Date Assigned:	08/04/2014	Date of Injury:	05/14/2013
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/24/2014

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 Pain Management 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:

This is a male patient with the date of injury of May 14, 2013. A Utilization Review was performed on July 17, 2014 and deemed not medically necessary of 6 physical therapy treatments between 7/15/2014 and 8/29/2014. There is note that 8 physical therapy sessions were completed. A Progress Report dated July 10, 2014 identifies Subjective Complaints of right-sided thoracic back pain and bilateral low back pain. The patient has completed his lumbar spine physical therapy and reports increased range of motion with mild pain relief. Focused Musculoskeletal/Spine Examination identifies tenderness upon palpation of the lumbar paraspinal muscles and thoracic paraspinal muscles. Bilateral lower extremities ranges of motion were restricted by pain in all directions. Impression/Differential Diagnosis identifies lumbar sprain/strain, low back pain, thoracic sprain/strain, and right-sided thoracic back pain. Recommendations identify a short course of physical therapy directed at the lumbar spine two times a week for three weeks for a total of six treatments for continued improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, May 2009; Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for 6 physical therapy treatments, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG supports up to 12 physical therapy visits. Within the documentation available for review, there is mention that previous physical therapy increased range of motion and provided pain relief. 8 physical therapy sessions were noted to be completed. However, there is no documentation of specific ongoing objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In addition, the 6 additional visits in addition to the already completed visits exceeds the number recommended by guidelines. As such, the current request for 6 physical therapy treatments is not medically necessary.