

Case Number:	CM14-0118268		
Date Assigned:	08/06/2014	Date of Injury:	09/27/2010
Decision Date:	09/15/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/28/2014

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 51-year-old female who reported an injury after she tripped and fell backwards on 09/27/2010. The clinical note dated 05/15/2014 indicated diagnoses of cervical strain, numbness of the hands of unknown cause, lumbosacral strain, and strain and contusion of the coccyx. She reported constant mid to lower back pain that radiated to her tailbone and left lower extremity that she rated 9/10. She reported any type of position seemed to aggravate her symptoms; however, she reported changing positions frequently helped to alleviate her symptoms. On physical examination, there was tenderness over the sacrum and coccyx. Physical examination of the lumbar spine revealed L4-5 bilaterally normal, S1 bilaterally normal. On motor examination of the lower extremities, the following motor groups were rated 5+: hip, knee, and ankle. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. Her treatment plan included a second request for authorization of a course of physical therapy, a prescription for Soma, and work restriction. Her medication regimen was not provided for review. The provider submitted a request for physical therapy of the coccyx. A request for authorization dated 05/15/2014 was submitted for physical therapy. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Coccyx area x 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

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

Decision rationale: 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 lack of documentation indicating the injured worker's progress with physical therapy to include the amount of sessions she has already completed to warrant therapy or additional therapy to the coccyx. In addition, there is lack of documentation demonstrating that she had decreased functional ability, decrease range of motion, decreased strength or flexibility. Moreover, the request did not indicate a time frame. Therefore, the request for physical therapy coccyx area X 12 is not medically necessary.