

Case Number:	CM14-0119126		
Date Assigned:	08/06/2014	Date of Injury:	11/16/2010
Decision Date:	09/10/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/29/2014

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 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 patient with a date of injury of 11/16/10. A utilization review determination dated 7/25/14 recommends non-certification of PT as the number of prior PT sessions has not been documented and objective functional gains from the completed PT is not noted. 7/17/14 medical report identifies lumbar spine pain 9/10 radiating down both legs in a diffuse distribution. He has numbness to the whole right leg. He is ambulatory with a single point cane. On exam, there is limited ROM and tenderness with normal neurologic exam. Treatment plan included PT for modalities and core muscle strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) per week for Lumbar Core Muscle Strengthening & Modalities, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure last updated 07/03/2014 - Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98-99 of 127 Physical Medicine Page(s): 98-99 OF 127.

Decision rationale: California MTUS supports up to 10 PT sessions and cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy as the patient is noted to have normal strength and no neurological deficits with only some limited range of motion and tenderness on exam. In light of the above issues, the currently requested physical therapy is not medically necessary.