

Case Number:	CM14-0121001		
Date Assigned:	08/06/2014	Date of Injury:	09/09/2000
Decision Date:	10/01/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	07/31/2014

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 Nevada. 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 records, presented for review, indicate that this 68-year-old gentleman was reportedly injured on September 9, 2000. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 15, 2014, indicated that there were ongoing complaints of low back pain radiating down the bilateral lower extremities as well as right knee stiffness and right heel pain. The physical examination demonstrated the patient with ambulation and with the assistance of a walker. Examination of the right knee noted tenderness at the peripatellar region and the medial joint line. Examination of the lumbar spine noted muscular spasms and guarding as well as painful range of motion. There was a positive right-sided straight leg raise test at 41 . There were also tenderness along the lumbar spine paraspinal musculature and decreased sensation at the lateral aspect of the thigh, the dorsal aspect of the leg, and first told. Diagnostic imaging studies of the lumbar spine revealed degenerative disc disease with annular bulging minimally enroaching on the thecal sac, without nerve root involvement. Previous treatment included physical therapy. A request had been made for physical therapy two times a week for six weeks for the lumbar spine and was not certified in the pre-authorization process on July 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT 2 x 6 (12) lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar and Thoracic, Physical Therapy, Updated August 22, 2014.

Decision rationale: A review of the attached medical records indicates that the injured employee has previously participated in 37 sessions of physical therapy. There was no documentation regarding the efficacy of these visits or any mention of a transition to a home exercise program. As such, this request for additional physical therapy twice week for six weeks for the lumbar spine is not medically necessary.