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| Case Number: | CM14-0121746 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 05/01/2008 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 07/02/2014 |
| Priority: | Standard | Application Received: | 08/01/2014 |

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 Occupational Medicine 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 55 year old man who had a door fall on his head on May 1, 2008. He underwent use of medications, physical therapy, chiropractic care, transcutaneous electrical nerve stimulation unit, acupuncture, and lumbar fusion of L4-L with redo and L5-S1 laminotomy. According to a clinical note on June 17, 2014, worker continues to have low back pain that is improved on Flector patch and Lyrica. He is requesting physical therapy because "it has been many years since he has gone to physical therapy and it is unclear if he is doing the exercises correctly." Physical therapy is being requested for progressive strengthening exercises, stabilization, range of motion, manual therapy, modalities, encourage and education of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the low back 3 times a week times 6 weeks (3x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Physical Medicine Treatment

Decision rationale: Per Medical Treatment Utilization Schedule guidelines, physical therapy is recommended. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the injured worker) can provide short term relief during the early phases of acute pain treatment or acute exacerbations of chronic pain and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). 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. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Per Medical Treatment Utilization Schedule guidelines, physical therapy guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. For myalgia and myositis, 9-10 visits over 8 weeks; neuralgia, neuritis, and radiculitis: 8-10 visits over 4 weeks. The worker completed physical therapy, chiropractic care, transcutaneous electrical nerve stimulation unit, acupuncture and also uses medications since his initial injury more than 6 years ago. There is no documentation of an exacerbation or aggravation. Additional physical therapy sessions are only authorized with evidence of need or in the acute stage of injury. Therefore, the request is not considered medically necessary.