

Case Number:	CM14-0123116		
Date Assigned:	08/08/2014	Date of Injury:	04/01/2013
Decision Date:	10/16/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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 Maryland and Alabama. 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 patient is a 57-year-old male who reported an occupational injury on 4/1/13. A mechanism of injury is not revealed in the medical records provided. He was diagnosed with radiculopathy. It is noted that a recent continuation of physical therapy was noted between the dates of 1/16/14 through 1/28/14. By 1/28/14, the claimant had normal flexion at 88 degrees without any change in extension at 10 degrees and improved side bending to 20 degrees on the right and 19 degrees on the left. Pain was rated at 2-4/10 and he was transitioned to a home exercise program. The current request is for 12 additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x Wk x 6 Wks lumbar Spine: 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(ODG), Online Edition Preface, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: As per the CA MTUS guidelines, physical therapy is an option when there is evidence of musculoskeletal or neurological condition that is associated with functional

limitations. Therapy should eventually direct the patient to play an active role, such as in a home exercise program. Patients involved in physical therapy should be assessed routinely to evaluate the outcome and prognosis of their therapy sessions. In this case, there is no indication of the total amount of therapy provided to date since the claimant's original date of injury, and there are no objective deficits noted on the exam when compared to the previous one in May of 2014. There is no indication as to why this patient needs formal supervised therapy as oppose to the present home exercise program since he has been doing well on them as per the reports. Therefore, the request is not medically necessary.