

Case Number:	CM14-0132793		
Date Assigned:	08/22/2014	Date of Injury:	09/03/2013
Decision Date:	09/26/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/19/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 43 year old male who was injured on 9/3/2013 after slipping and falling. He was diagnosed with low back pain, injury (labral tear) of right hip, and chronic pain syndrome. He was treated with a back brace, physical therapy (12 or more sessions), medications, and steroid injections. Physical therapy sessions led to no real improvement and were painful to tolerate, according to the notes available for review. Surgical consultants did not think he was a candidate for surgery. On 3/27/2014, the worker was seen by his treating physician's assistant complaining of his low back pain with right leg radiation which was worsening with treatment. Activity increased his pain as well as prolonged sitting. His pain was rated at a 7-8/10 on the pain scale. The worker reported walking for his home exercise. Physical examination revealed decreased sensation to both legs, decreased range of motion of lumbar and right hip, and decreased strength of lower extremities. He was then recommended to do another short course of physical therapy (6 sessions) through a different therapist that is part of the provider's center as they have "more expertise in chronic pain management techniques to help improve the process." He was also recommended acupuncture at the same time. He was also recommended to continue his Celebrex and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice a week for three weeks for the lumbar spine and hip (quantity 6):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

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

Decision rationale: Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Chronic Pain Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Chronic Pain Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. In the case of this worker, he had completed at least 12 sessions of physical therapy, which reportedly did not help the worker achieve functional improvements. He is not performing any significant exercises at home besides walking as tolerated. There was no documented discussion about why the worker was not doing more exercises at home. It was requested to try a different physical therapy group to see if they could better help the worker compared to his previous sessions. In order to justify continued supervised physical therapy, the requesting provider needs to explain reasons why the worker cannot perform the home exercises that should have been explained to him during his previous sessions of physical therapy. Without a clear reason for this, the supervised physical therapy is not medically necessary.