

Case Number:	CM14-0133052		
Date Assigned:	08/22/2014	Date of Injury:	12/06/2012
Decision Date:	10/02/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/20/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 45-year-old male who reported an injury on 12/06/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar IVD with myelopathy, strengthening of lumbar lordosis, lumbar sprain/strain, left shoulder sprain/strain, left wrist sprain/strain, and left knee sprain/strain. Past medical treatment consists of acupuncture, chiropractic therapy, physical therapy, and the use of a TENS unit with medication therapy. Medications include tramadol, omeprazole, Naprosyn, topiramate, and a multivitamin. An MRI done on the lumbar spine showed degenerative disc disease at L4-5 and L5-S1 with annular tears. There was no significant canal stenosis, nor was there any significant foraminal stenosis. On 08/04/2014, the injured worker complained of low back and right knee pain. Physical examination revealed that the injured worker's range of motion was reduced bilaterally to his knees. There was tenderness to palpation at the medial aspect of the right knee. There was also tenderness to palpation at the lumbar spine with spasm. The treatment plan was for the injured worker to have additional physical therapy sessions to the lumbar spine. The provider felt that aggressive physical therapy was the best choice for the injured worker. No surgical intervention was recommended. The Request for Authorization form was submitted on 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six physical therapy sessions to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: The California MTUS state that 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. Injured workers are instructed and expected to continue active therapies at home as an extension of treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy: the amount of physical therapy visits that have already been completed for the injured worker's lumbar spine is unclear. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was no documentation in the submitted report indicating that the injured worker was continuing with a home exercise program. Furthermore, the request as submitted does not stipulate the frequency of the physical therapy sessions. Given the above, the injured worker is not within the California MTUS Guidelines. As such, the request for additional physical therapy sessions to lumbar spine is not medically necessary or appropriate.