

Case Number:	CM14-0134880		
Date Assigned:	08/27/2014	Date of Injury:	01/17/2002
Decision Date:	12/03/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 57-year-old male with an original date of injury of January 17, 2002. The industrially related diagnoses include left hip pain, chronic low back pain, lumbosacral neuritis, and lumbar disc bulges with stenosis. The patient also had a remote history of deep pain thrombosis in the left lower extremity in 2004. The patient has had electrodiagnostic studies which have confirmed the diagnosis of lumbar radiculopathy. The submitted documents indicate that the patient has not had physical therapy in several years, and that past physical therapy was reportedly beneficial. The disputed issue is a request for 12 sessions of physical therapy for the hip and lumbar spine. This was modified in a utilization review determination to allow six visits as a treatment trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times per week for four weeks for the left hip/lumbar QTY: 12:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy

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

Decision rationale: In the case of this injured worker, the submitted documentation indicates the patient has completed physical therapy in the past, although the exact number and dates of service are not included in the submitted documents. The patient when evaluated on 6/3/2014 continued with significant pain and exam findings showing functional limitation. The guidelines recommend that formal physical therapy should be tapered to self-directed home exercises. Therefore additional physical therapy is reasonable, but not a full course of 12 visits at this juncture. It is appropriate per guidelines to allow a partial certification as the utilization reviewer did, and to assess for functional benefit prior to certifying further visits. The original request of 12 sessions of physical therapy is not medically necessary.