

Case Number:	CM14-0153375		
Date Assigned:	09/23/2014	Date of Injury:	07/18/2011
Decision Date:	10/24/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/19/2014

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 Physical Medicine & Rehabilitation 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:

This is a 52-year-old male with a 7/18/11 date of injury. He slipped and fell on a wet surface subsequently sustaining an injury to the low back and right wrist. According to an appeal note dated 10/3/14, the patient currently presented with chronic low back and right upper extremity pain. The patient has not had physical therapy in the past and has been managing his pain symptoms with oral pain medications. The patient reported that he had a flare up of back pain that lasted for about 2 weeks. The provider stated that he is modifying the request for 12 sessions of physical therapy to 6 sessions. Objective findings: tenderness to palpation at the lumbosacral junction, decreased range of motion of the lumbar spine, tenderness to palpation over the lumbar facet joints bilaterally, sensations were intact to light touch to bilateral lower extremities. Diagnostic impression: pain in joint forearm-right distal ulna, stenosis spinal lumbar, disorders sacrum L4-5, sciatica. Treatment to date: medication management, activity modification, chiropractic care. A UR decision dated 9/12/14 denied the request for physical therapy 2xWk x 6Wks. It is unclear if the claimant received this treatment in the past and the result of such treatment to warrant additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for six weeks, Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Pain, Suffering, and the Restoration of Function Chapter 6, page 114. Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. However, in this present case, it is noted that the patient has not had prior physical therapy treatment. Guidelines support an initial trial of 6 sessions. This is a request for 12 sessions, which exceed guideline recommendations. In addition, guidelines support up to 10 total visits over 8 weeks for lumbar sprains and strains. As this request is for 12 sessions, guideline recommendations are exceeded as well. Therefore, the request for Physical therapy two times a week for six weeks, lumbar spine was not medically necessary.