

Case Number:	CM14-0161052		
Date Assigned:	10/06/2014	Date of Injury:	09/27/2013
Decision Date:	11/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/01/2014

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 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 60-year-old male who reported injuries after falling off of a roof, from an approximate 10 foot height on 09/27/2013. On 07/15/2014, his diagnoses included compression fracture "#1 vertebra", hypertension and diabetes mellitus. His complaints included pain in the lower back rated 7/10. His pain was aggravated by any activity and relieved with medication. He had further complaints of pain in the neck and left knee. Upon examination, he was able to arise from a chair with minimal use of the side arms and ambulated with a reciprocal heel toe gait. He was able to stand on the toes and heels and able to do deep knee bends and recover without difficulty. Range of motion of the low back revealed that he was able to flex forward with his fingertips 6 inches from the floor, extension of 30 degrees, lateral bending bilaterally to 40 degrees and bilateral rotation 45 degrees. There was no evidence of any paravertebral spasms. There was tenderness of the lumbosacral junction. There was a negative seated straight leg raising test, but the recumbent straight leg raising test was positive at 40 degrees bilaterally. Range of motion of the hips, knees, ankles and feet was essentially normal. Sensation was intact in the lower extremities. There was no evidence of kyphosis, scoliosis or paravertebral spasm in the thoracic spine. On 08/26/2014, the treatment plan included recommendation for physical therapy 2 times a week for 6 weeks. There was no rationale included in this injured worker's chart. A Request for Authorization dated 08/27/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits 2x8 to the low back, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for 12 physical therapy visits 2 times 8 to the low back as an outpatient is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion and to alleviate discomfort. Patients are expected to continue active therapies at home. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active, self directed home physical medicine. The recommended schedule for myalgia and myositis unspecified is 9 to 10 visits over 8 weeks. Upon examination of this injured worker's low back, functional deficits were minimal. The request is unclear as it asks for 12 visits with a schedule of 2 visits a week times 8 weeks, which is 16 visits. Additionally, the requested number of visits exceeds the recommendations in the guidelines. Therefore, this request for 12 physical therapy visits 2 times 8 to the low back as an outpatient is not medically necessary.