

Case Number:	CM14-0168217		
Date Assigned:	10/30/2014	Date of Injury:	04/11/2014
Decision Date:	12/12/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/13/2014

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 Arizona and 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 55-year-old female who reported an injury on 04/11/2014. The mechanism of injury was not provided. She is diagnosed with lumbar spine strain. Her past treatments have included medications and 14 sessions of physical therapy. On 09/22/2014, the injured worker reported low back pain which radiated down to her left lower extremity. Diagnostic studies included an x-ray and MRI of her lumbar spine. Upon physical examination of her lumbar spine, she was noted to have decreased range of motion by 20%. Her current medications were not provided. The treatment plan included additional physical therapy 2 times 4 and refill medications. A request was submitted for physical therapy for the lumbar spine 2 times 4 sessions and the rationale was for decreasing her pain. A Request for Authorization was submitted on 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Lumbar spine. 2 x 4 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for physical therapy for the lumbar spine 2 times 4 sessions is not medically necessary. The California MTUS Guidelines recommend active therapy for restoring flexibility, strength, endurance, function, range of motion, and alleviating discomfort. Additionally, the guidelines recommend 9 to 10 visits of physical therapy for unspecified myalgia and myositis. The clinical documentation indicates that the injured worker had completed 14 sessions of physical therapy; however, there were no previous therapy notes provided showing whether the injured worker had objective functional improvement within those treatments. The most recent clinical note, lacks evidence of significant objective functional deficits which indicated continued physical therapy would be needed. Furthermore, there are no exceptional factors to warrant additional visits beyond the recommended maximum of 10 visits. In the absence of this information, the request is not supported. As such, the request for physical therapy for the lumbar spine two times four sessions is not medically necessary.