

Case Number:	CM14-0169102		
Date Assigned:	10/17/2014	Date of Injury:	07/05/2010
Decision Date:	12/31/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/14/2014

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 Occupational 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:

This is a 52-year-old female with a 7/5/10 date of injury. The injury occurred when she was trying to open a metal drawer and the drawer came back fast and scraped across the top of her right foot. According to a progress report dated 10/1/14, the patient rated her lower back and right foot pain as a 5 with medications and as a 9 without medications. Her activity level has decreased. Objective findings: tenderness and tight muscle band on both sides of thoracic paravertebral muscles, restricted lumbar spine range of motion, lumbar paravertebral muscle tenderness and tight muscle band and trigger point noted on left side. Diagnostic impression: spinal/lumbar degenerative disc disease, foot pain, pain in joint lower leg, sacroiliitis, sacroiliac pain, dizziness. Treatment to date: medication management, activity modification, ESI. A UR decision dated 9/26/14 modified the request for physical therapy from 12 sessions to certify 6 sessions. A specific rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 sessions for the 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 Therapy, General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American

College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function, Chapter 6, page 114; Official Disability Guidelines (ODG) Low Back Chapter - Physical Therapy

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in the present case, this patient has a 2010 date of injury, and has likely had prior physical therapy treatment. It is unclear how many sessions she has previously completed. Guidelines support up to 10 visits over 8 weeks for lumbar sprains/strains. An additional 12 sessions would exceed guideline recommendations. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, it is unclear why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for Physical Therapy x 12 sessions for the lumbar spine was not medically necessary.