

Case Number:	CM14-0174461		
Date Assigned:	10/27/2014	Date of Injury:	02/14/2013
Decision Date:	12/04/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/21/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of February 14, 2013. A utilization review determination dated October 4, 2014 recommends modified certification of physical therapy. Twelve sessions were requested and 10 were recommended for certification. A progress report dated August 11, 2014 identifies subjective complaints of lower back pain traveling into the lower extremities. She also complains of popping of her right shoulder and right knee. Physical examination findings revealed tenderness around the shoulder with decreased range of motion and positive impingement signs. There is also tenderness to palpation in the lumbosacral junction and paravertebral muscle spasms. Diagnoses include sprain of the right shoulder, strain of the lumbar spine, and contusion of the right knee. The treatment plan recommends physical therapy, acupuncture, and MRI. A report dated June 27, 2014 indicates that the patient underwent medication, lumbar support, ice/heat, and physical therapy in 2013. The note goes on to indicate that the patient received physical therapy modalities but continued to have ongoing pain. The note goes on to state that the patient has undergone a significant amount of conservative therapy and that the patient is likely permanent and stationary at the current time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 x 6 for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 10 therapy visits for lumbar sprains. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.