

Case Number:	CM14-0178335		
Date Assigned:	10/31/2014	Date of Injury:	10/10/2013
Decision Date:	12/16/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/27/2014

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 Emergency Medicine and is licensed to practice in Wisconsin. 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 31-year-old female who reported an injury on 10/10/2013. The mechanism of injury was when the injured worker was assigned to train the class for the first 8 hours of a 16 hour shift. She had been working out at [REDACTED] prior to this training. During the training, she felt some discomfort in her low back. She then proceeded to perform various tactical maneuvers and takedowns with different partners during the course of the training. She does not recall any specific moves or activities during her training that caused her pain, but subsequent to this training class she felt discomfort in her lower back. The diagnosis included degeneration of the lumbar disc. The injured worker treatment history included MRI of the lumbar spine, physical therapy, and medications. The patient was evaluated on 09/10/2014 and it was documented the patient reported ongoing low back pain with no radiation of pain into the legs. There was no numbness noted. The examination revealed restricted range of motion. Motor strength was preserved. The sensation was normal. The reflexes were symmetrical. On the physical therapy progress report note dated 09/10/2014, the injured worker reports minimal change in her symptoms since the last treatment, slight improvement in ease of mobility overall. She reports an ongoing sense of tightness and painful motion in the lumbar spine region, especially when bending forward. Pain was greater on left than right. The injured worker had a total of 29 sessions of physical therapy. The lumbar spine range of motion with flexion was 65 degrees, left side flexion was 20 degrees, right side flexion was 22 degrees, left rotation was 80% positive, and right rotation was 80%. The Request for Authorization dated 09/18/2014 was for physical therapy 2x6, for the lumbar spine.

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, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back , Procedures Summary, Procedure/Topic: Physical Therapy

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

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker received physical therapy; however, outcome measures were not submitted for review. The documentation submitted indicated the injured worker has had prior 29 physical therapy sessions; however, the provider failed to indicate the injured worker's long-term functional goals. It was noted on the physical therapy progress report that the injured worker reported minimal change in symptoms since last treatment, with slight improvement in ease of mobility overall. There was a lack of documentation of functional improvement and no mention of an outcome measurement of home exercise taught by physical therapy. Additionally, the requested amount of visits will exceed the guidelines recommendations. As such, the request for physical therapy 2 x 6, lumbar spine is not medically necessary.