MAXIMUS Federal Services

Case Number:	CM14-0181319		
Date Assigned:	11/06/2014	Date of Injury:	01/30/2014
Decision Date:	12/11/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 59-year-old female. Her date of injury was 01/30/2014. Her mechanism of injury was a fall. Her diagnoses included lumbar myofascial strain and contusion and left groin pain of uncertain etiology. Her past treatments were not included in the medical record. Her diagnostic studies include x-rays of the left knee on 02/08/2014 and the left hip on 02/02/2014. Both x-rays were within normal limits. There is no surgical history listed in the medical record. On the office visit of 09/09/2014, she had complaints of intermittent groin pain and low back pain with walking. She denied weakness or numbness or radiating pain into her lower extremities. Her physical exam findings of 09/09/2014 included lumbar spine forward flexion within 5 inches of the floor, extension was 20 degrees and bend was 30 degrees to the right and the left. Motor strength was intact and lower extremities were normal for sensation. Straight leg raise was negative at 80 degrees bilaterally. Hip flexion was 120 degrees bilaterally. External rotation was 60 degrees, internal rotation was 40 degrees and adduction is 45 degrees. There were no medications listed in the medical record. Her treatment plan included a request for physical therapy, acupuncture and an MRI. The rationale for the request for physical therapy 2 times 6 for the lumbar spine is for core strengthening, exercises including heat and stretching and then follow on a self- directed basis. The Request for Authorization form was not included in the medical record.

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: 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): 99-100.

Decision rationale: The injured worker has a history of lumbar myofascial strain and contusion, lumbar degenerative disc disease and facet arthropathy. The California MTUS Guidelines recommend physical therapy. Active therapy is based on the philosophy that exercise and activity are beneficial for restoring flexibility, strength, endurance, range of motion and can alleviate discomfort. Patients are instructed and expected to continue therapy at home as an extension of the treatment process and 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 guidelines recommend physical therapy 9 to 10 visits for myalgia and myositis. Her physical exam on 09/09/2014, revealed almost normal range of motion of the lumbar spine and normal motor strength of the lower extremities. She has already completed 4 of the 6 physical therapy visits previously authorized. However, there is no documentation of functional improvement noted. The number of visits requested exceeds the number of visits that may be allowed under the guidelines, which is 9 to 10 visits. In the absence of documentation showing decreased range of motion and decreased motor strength and with no exceptional factors to warrant physical therapy visits, the request is not supported. Therefore, the request is not medically necessary.