

Case Number:	CM14-0020563		
Date Assigned:	04/30/2014	Date of Injury:	03/11/2013
Decision Date:	07/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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, and is licensed to practice in Minnesota. 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 35-year-old female who reported an injury on 03/11/2013 after a fall. The injured worker reportedly sustained injury to her low back. The injured worker's treatment history included 23 visits of physical therapy that did not provide a significant improvement for the injured worker. The injured worker was evaluated on 01/06/2014. Physical findings included restricted range of motion of the lumbar spine with a negative straight leg raising test and a restricted range of motion of the cervical spine. The injured worker's diagnoses included lumbar disc herniation, and cervical and right shoulder complaints. The injured worker's treatment plan included physical therapy, acupuncture, walking exercise, continued medications, a lumbar support, MRI of the thoracic spine, and referral for an Agreed Medical Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE (3) TIMES PER WEEK FOR EIGHT (8) WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The requested physical therapy 3 times a week per week for 8 weeks is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not provide any evidence that the injured worker is participating in an effective home exercise program. Therefore, a short course of physical therapy to re-establish and re-educate the patient in an effective self-directed exercise program would be appropriate. However, the requested physical therapy 3 times a week for 8 weeks would be considered excessive. Additionally, the request as it is submitted does not specifically identify a body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested physical therapy 3 times a week for 8 weeks is not medically necessary or appropriate.