

Case Number:	CM14-0022328		
Date Assigned:	02/26/2014	Date of Injury:	04/21/2010
Decision Date:	07/25/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopedic Surgery, 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:

The patient is a 52-year-old male who has submitted a claim for neck and lower back pain associated with an industrial injury date of 04/10/2010. Medical records from August 2012 to February 2014 were reviewed and showed that patient complained of frequent low back pain, rated 6-7/10, with radiation to the bilateral lower extremities with associated numbness and tingling, right worse than the left. He reports of burning sensation and sharp stabbing pain in the lumbar spine. Additionally, he complains of intermittent neck pain, rated 4/10 with occasional radiation and frequent left wrist pain, rated 4/10. Examination of the lumbar spine revealed spasm, tenderness to the paraspinal muscles, sciatic notch tenderness on the right, positive straight leg raise on the right and right peroneus longus / gastrocnemius muscle strength of 4/5. Sensation was decreased over the posterior aspect of the calf. Treatment to date has included surgery on lumbar spine on 04/18/2013, pain medications, lumbar epidural steroid injections, TENS unit, physical therapy and aquatic therapy. Patient is currently on a home exercise program. Utilization review, dated 01/10/2014, denied the request for physical therapy because there was no documented improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, post-op x 24 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: As stated on page 98 to 99 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, patient has had post-operative physical therapy previously, although medical records submitted for review failed to specify the number of sessions completed. Furthermore, there is no objective evidence of functional improvement from previous physical therapy. Therefore, the request for PHYSICAL THERAPY, POST-OP x 24 VISITS is not medically necessary.