

Case Number:	CM14-0023700		
Date Assigned:	06/13/2014	Date of Injury:	06/17/2013
Decision Date:	07/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/25/2014

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 injured worker is a 73-year-old female who was reportedly injured on June 17, 2013. The mechanism of injury was noted as a lifting event. In the most recent progress note reviewed, there was indication that there were ongoing complaints of low back pain, right lower extremity involvement, and that a return to work had been outlined for January 2014. The physical examination demonstrated a decrease in the lumbar spine range of motion, deep tendon reflexes to be 1+ at the ankles and straight leg raising positive at 30 on the left and 45 on the right. Diagnostic imaging studies objectified spinal stenosis. Previous treatment included a course of physical therapy that was delayed secondary to unrelated comorbidities. A request had been made for additional physical therapy and was not certified in the pre-authorization process on February 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO LUMBAR SPINE THREE TIMES A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: When considering the date of injury, the reported mechanism of injury, the findings on physical examination and that there is no acute pathology noted on enhanced imaging studies, with the parameters outlined in the MTUS, it is clear that low stress aerobic activities can be safely started after the first two weeks of symptoms to help avoid debilitation. Careful stretching exercises within the normal range of motion may be helpful to avoid further restriction of motion. Exercises to strengthen low back and abdominal muscles are commonly delayed for several weeks, but early stage lumbar stabilization exercises can be used without aggravation of symptoms. Therefore, at most, all that would be indicated is a home exercise protocol. Therefore, the request for physical therapy to the lumbar spine three times a week for four weeks is not medically necessary and appropriate.