

Case Number:	CM14-0024043		
Date Assigned:	06/11/2014	Date of Injury:	08/30/2012
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/26/2014

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 and Rehabilitation 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:

This 42 year-old patient sustained an injury on August 30, 2012 while employed by [REDACTED]. The request under consideration includes physiotherapy two times a week for six weeks lumbar, left leg. The patient's diagnoses include left hip/thigh sprain, left lower extremity pain, and low back pain. Report of January 29, 2013 from the provider noted the patient with persistent pain and is awaiting a lumbar epidural steroid injection. The patient has had 6 previous physical therapy visits without documented benefit. The request for physiotherapy two times a week for six weeks lumbar, left leg was modified for 3 additional physical therapy (PT) visits for re-education and reinforcement of home exercise program on February 11, 2014 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY TWO TIMES A WEEK FOR SIX WEEKS LUMBAR, LEFT LEG:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no clear measurable evidence of progress with previous physical therapy including milestones of increased range of motion, strength, and functional capacity. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Provider's dated report has no documentation of new acute injury or flare-up to support for formal physical therapy as the patient should continue the previously instructed independent home exercise program for this chronic injury of 2012. Multiple medical reports have unchanged chronic pain symptoms, unchanged clinical findings with continued treatment plan for physical therapy without demonstrated functional benefit. Without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for formal physical therapy has not been established. The physiotherapy two times a week for six weeks lumbar, left leg is not medically necessary and appropriate.