

Case Number:	CM14-0024064		
Date Assigned:	06/11/2014	Date of Injury:	04/18/2013
Decision Date:	07/15/2014	UR Denial Date:	02/06/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 55-year-old female with a reported date of injury on 04/18/2013. The mechanism of injury was noted to be a slip and fall. Her diagnoses were noted to include lumbago with left L5-S1 sciatica, left hip pain, and lumbago. Her previous treatments were noted to include physical therapy, epidural and S1 joint injections, and a left trochanteric bursal injection. The injured worker reported symptoms in her left hip going down to her left buttocks and down to her left leg, specifically in the L5-S1 distribution of the fourth and fifth toe of her left foot. The physical examination reported the range of motion of the lumbar spine flex forward and touch was within 6 inches to the floor, and on rotations to the right, she has 4 rotations to the right with no pain, and on rotation to the left, she had about 60 degrees of rotation to the left, but had pain in the left sacroiliac joint. The physical examination reported the motor strength testing in the lower extremities bilaterally was 5/5. The Request for Authorization form dated 01/03/2014 was for physical therapy for core strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) ADDITIONAL PHYSICAL THERAPY SESSIONS: 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 request for 12 additional physical therapy sessions is not medically necessary. The injured worker has had a previous 37 visits of physical therapy. The guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines state for myalgia and myositis, 9 to 10 visits over 8 weeks of physical therapy sessions. The injured worker has completed about 37 sessions of previous physical therapy, with no relief of her symptoms. The documentation provided showed current measurable objective functional deficits such as flex forward to 6 inches off the floor and left rotation to 60 degrees; and the motor examination was 5/5. However, there is a lack of previous treatment regarding quantifiable objective functional improvements and the guidelines recommend 9 to 10 visits over 8 weeks. The current request for 12 additional physical therapy sessions exceeds guidelines. There is a lack of documentation regarding exceptional factors to warrant the need for 12 additional physical therapy sessions. Therefore, despite current functional deficits, in the absence of details regarding previous treatments, physical therapy is not appropriate at this time. As such, the request is not medically necessary.