

Case Number:	CM14-0024324		
Date Assigned:	06/11/2014	Date of Injury:	04/05/2013
Decision Date:	08/01/2014	UR Denial Date:	02/14/2014
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 Internal Medicine and Emergency Medicine, is licensed to practice in Florida. 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 patient is a 52-year-old with a date of injury of April 5, 2013. A progress report associated with the request for services, dated February 6, 2014, identified subjective complaints of low back pain radiating into the right leg. Objective findings included a normal neurological examination of the lower extremities. Diagnoses included lumbosacral radiculopathy and tendon strain of the foot/ankle. Treatment had included 6 physical therapy sessions with functional improvement and additional physical therapy was being requested. A Utilization Review determination was rendered on February 12, 2012 recommending non-certification of physical therapy times six (6) for the lumbar spine, right hip and right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of physical therapy for the lumbar spine, right hip and right ankle: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend physical therapy with fading of treatment frequency associated with active therapies at home as an extension of the treatment process in order to maintain improvement levels. Specifically, for myalgia and myositis, nine to ten visits over eight weeks. For neuralgia, neuritis, and radiculitis, eight to ten visits over four weeks. The Official Disability Guidelines (ODG) states that for lumbar sprains/strains and disc disease, ten visits over eight weeks is recommended. For lumbar radiculopathy, ten to twelve visits over eight weeks. The patient has had 6 previous physical therapy sessions. An additional six sessions are requested. The non-certification was based upon case notes that indicated twelve previous approved sessions. However, there is no documentation of that presented. The medical record states there has been six sessions with functional improvement. An additional 6 sessions are within the guidelines. Therefore, the request for six sessions of physical therapy for the lumbar spine, right hip and right ankle is medically necessary and appropriate.