

Case Number:	CM14-0024959		
Date Assigned:	06/11/2014	Date of Injury:	09/14/2011
Decision Date:	08/13/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 reported an injury on 09/14/2011 due to unknown mechanism. The details of the injured worker's birthday or age are not included in documentation submitted. Physical examination 03/14/2014 the injured worker sensations are intact and motor strength at 5/5. The assessment and plan included documentation that the injured worker had persistent low back pain with radiating pain down the leg with swelling and giving out episodes. In addition, she was having difficulty sitting or standing for any length of time or driving long distance and that she still has significant restriction with heavy lifting, climbing, twisting, and bending. The past treatments and diagnostics was status post lumbar discectomy on 01/02/2012 followed by spinal fusion in 02/04/2013 and had been cleared to begin post-op PT in 12/2013. The treatment plan was for physical therapy 2 times a week for 6 weeks. The rationale for request was that previous therapy had been helpful and the injured worker had noticed with the first set of therapy about a 35% improvement. The request for authorization form or rationale was not submitted with the clinical documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS: 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: The request for physical therapy 2 times a week for 6 weeks is non-certified. The injured worker's provider indicated in the assessment plan that previous therapy has been very helpful to and think the injured worker would benefit from further therapy to strengthen the legs and the back. The California Medical Treatment Utilization Schedule 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home physical medicine. Myalgia and myositis unspecified 9 to 10 visits over weeks. Clinical objective documentation states that the injured worker sensations are intact and the motor strength was 5/5. The lack of detail of past physical therapy visits, objective documentation, functional range of motion, and functional deficit does not support the request. In addition, the request does not indicate the location of the body for physical therapy. Furthermore, the request for physical therapy two times a week for six weeks exceeds guideline recommendations. As such, the request is non-certified.