

Case Number:	CM14-0025100		
Date Assigned:	06/11/2014	Date of Injury:	10/18/2012
Decision Date:	08/05/2014	UR Denial Date:	02/18/2014
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 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 61-year-old male with a reported date of injury on 10/18/2012. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with back pain, lumbar spine pain, and shoulder pain. Upon physical examination, the injured worker was noted to have normal strength, bulk, and tone in muscles all extremities. Sensation was intact in all dermatomal regions. According to the documentation provided for review, the injured worker attended 44 physical therapy visits. The clinical note dated 02/05/2014 indicated the injured worker complained of muscle cramping and swelling in the left leg. The injured worker's diagnosis included low back pain, left leg pain, and shoulder pain. The injured worker's medication regimen was not provided within the documentation available for review. The request for authorization for continued physical therapy 2x6 (low back, hip, and left leg) was submitted on 02/20/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY 2X6 (LOW BACK, HIP, LEFT LEG): Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend physical therapy as indicated. 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. 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 recommend physical medicine for fading of treatment frequency, from up to 3 visits per week to 1 or less, plus active, self-directed home physical medicine. The guidelines recommend initial physical therapy at 8 to 10 visits over 4 weeks. According to the documentation provided for review, the injured worker has participated in 44 physical therapy visits. The request for an additional 12 physical therapy visits exceeds the recommended guidelines. There is a lack of documentation related to restoring flexibility, strength, endurance, function, range of motion, or the alleviation of discomfort. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values in degrees and the injured worker's visual analog scale. In addition, the clinical note dated 04/05/2014 indicates the injured worker continues with shoulder pain, low back pain, muscle cramping, and left leg swelling, as well as left hip pain and left hip stiffness. There is a lack of documentation related to the functional therapeutic benefit related to the previous physical therapy. In addition, the guidelines recommend 8 to 10 visits over 4 weeks. The request for additional 12 weeks of physical therapy exceeds the recommended guidelines. Therefore, the request for continued physical therapy 2x6 (low back, hip, and left leg) is not medically necessary and appropriate.