

Case Number:	CM14-0025149		
Date Assigned:	06/11/2014	Date of Injury:	03/09/2011
Decision Date:	07/15/2014	UR Denial Date:	02/10/2014
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 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:

The injured worker is a 42 year old male who was working as a truck driver on 03/09.2011 and reported an injury to his back and left hip while unloading pallets of ceiling tile. On 01/14/2014, his diagnoses included chronic lumbosacral strain, status post micro discectomy at L4-5 on the left on 03/14/2012, status post redo micro discectomy at L4-5 on the left on 07/08/2013, status post arthroscopic surgery of the left hip on 05/08/2013. The report further states that he is able to forward flex his lumbar spine so that his fingertips are approximately 6 inches from the floor. Lumbar extension and left and right lateral bending are 75% of normal. Lower extremity strength is 5/5. Patellar reflexes are +2 and equal bilaterally. The patient's lumbar incision is well healed with mild tenderness over the left buttock with palpation. The majority of the documentation refers to his left lower extremity weakness and the report further states that this worker "is in need of therapy for the continued weakness of the left leg and foot". There was a request for authorization found in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for physical therapy three times a week for four weeks to the lumbar spine is non-certified. This 42 year old male truck driver reported an injury to his back and left hip while unloading his truck. He underwent a lumbar micro discectomy and then a repeat surgery. He also had an arthroscopy of the left hip. A majority of the documentation submitted talks about his left lower extremity weakness. CA MTUS recommends passive therapy for short-term relief in the early phases of pain treatment to control symptoms such as pain, inflammation and swelling and to aid healing. Active therapy is directed by a therapist for restoring strength, flexibility, endurance, range of motion, function and to alleviate discomfort. Home exercise programs are expected to be an extension of the therapy to maintain improvement levels. For myalgia and myositis, unspecified, the recommended schedule is 9-10 visits over 8 weeks. There is mention made that this worker had had previous physical therapy, but the duration and modalities are not documented. The requested physical therapy exceeds the recommended schedule. Therefore, the request for physical therapy three times a week for four weeks to the lumbar spine is non-certified.