

Case Number:	CM14-0025253		
Date Assigned:	06/13/2014	Date of Injury:	07/16/2011
Decision Date:	07/29/2014	UR Denial Date:	01/30/2014
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 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 48-year-old female who reported an injury on 07/16/2011. The mechanism of injury was not provided for clinical review. The diagnoses included left L5 radicular symptoms but with negative EMG, left tensor fasciae latae or gluteus medius atrophy, L4-5 and L5-S1 disc protrusion and annular disc tears, and right knee pain. Previous treatments include medication, EMG/NCV, physical therapy. Within the clinical note dated 01/08/2014 reported the injured worker complained of low back pain. On the physical exam the provider noted mild tenderness to palpation of the lumbosacral junction with taut muscle bands noted. The lumbar spine extension was excellent without reproduction of pain. Flexion showed somewhat of a limitation, with fingertips to shins. Strength, sensation, and reflexes showed no focal deficits. The provider requested physical therapy to calm down subacute symptoms. The Request for Authorization was submitted and dated on 01/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 1XWK X 6 WEEKS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for physical therapy 1 time a week for 6 weeks for the lumbar spine is not medically necessary. The injured worker complained of low back pain. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of prior therapy. There is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength or flexibility. The previous amount of physical therapy the injured worker previously had was not documented. Therefore, the request for physical therapy 1 time a week for 6 weeks for the lumbar spine is not medically necessary.