

Case Number:	CM14-0025865		
Date Assigned:	06/13/2014	Date of Injury:	12/06/2012
Decision Date:	07/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	02/28/2014

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 34 year old female who reported an injury on 12/06/2012. The mechanism of injury was the injured worker tripped over a box while working on a rodeo drive. The injured worker complained of lower back pain that radiates into the buttocks. The physician's progress note dated 03/10/2014 stated that upon physical exam of the lumbar spine the injured worker was noted with flexion 0 to 60 degrees and extension of 0 to 40 degrees, negative straight leg and Faber test and strength test noted 5/5 for hip flexion/extension and 5/5 abduction/adduction. This documents an improvement from the physician's progress noted dated 02/11/2014 which stated that the flexion was 0 to 50 degrees, extension 0 to 30 degrees, pain was noted with extension and no pain noted with forward flexion, positive straight leg test bilaterally to 80 degrees and strength was 5/5 for hip flexion/extension and 5/5 abduction/adduction. The injured worker was diagnosed with lumbosacral sprain and sciatica. The injured worker has completed physical therapy for treatment in addition to massage, stretching and yoga. The medications noted on 02/11/2014 were Motrin and Icy Hot. The requested treatment plan was for physical therapy times 12 visits. The request for authorization form dated 02/10/2014 was included with the submitted documentation, the rationale was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TIMES 12 VISITS: 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 times 12 visits is not medically necessary. The injured worker has a history of low back pain that radiates to the buttocks. The documentation noted improvement from physician's note dated 02/11/2014 to 03/10/2014 with the completion of physical therapy, yoga, stretching exercises and massage. The California MTUS states physical medicine is recommended and to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home physical medicine. The documentation submitted does not indicate the amount of physical therapy that has been completed to date. In addition, the request for physical therapy does not indicate a fading of treatment frequency or the body part. Based on the above, the request is not medically necessary.