

Case Number:	CM14-0026286		
Date Assigned:	06/13/2014	Date of Injury:	11/15/2005
Decision Date:	08/11/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 51-year-old female who reported an injury on 11/15/2005. The mechanism of injury was from moving, lifting, and pushing boxes. Diagnoses included herniated nucleus pulposus, lumbar strain, low back pain, bilateral knee chondromalacia. Previous treatments include medication, TENS unit, and physical therapy. Within the clinical note dated 01/27/2014, it was reported the injured worker complained of back pain and radicular symptoms into her left leg. On the physical examination, the provider noted tenderness and spasms in the left lower lumbosacral spine, and indicated the injured worker had left-sided L5 radiculopathy around her left ankle. The provider requested 12 visits of physical therapy to treat ongoing back pain and sciatica. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY QUANTITY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: California MTUS Guidelines note 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 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 lack of documentation indicating the injured worker prior course of physical therapy, as well as the efficacy of the prior therapy. Lack of documentation indicating the number of visits the injured worker has previously utilized. There is a lack of documentation indicating an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength and flexibility. The amount of visits the provider is requesting exceeds the guidelines' recommendations. Therefore, Physical Therapy quantity: 12 is not medically necessary.