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| Case Number: | CM14-0026336 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 05/28/2009 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 02/06/2014 |
| 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 Texas and Oklahoma. 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 56-year-old male who reported an injury on 05/28/2009. The mechanism of injury was noted to be a fall. It is noted that the injured worker had prior treatments of physical therapy. The injured worker's diagnoses were noted to be lumbar and left lower extremity radiculopathy, and L5-S1 disc herniation. The injured worker completed 6 out of 6 physical therapy sessions on 05/12/2014 and the injured worker completed 1 of 4 physical therapy sessions on 06/20/2014. On that date, it was noted subjectively that the injured worker had increased low back pain over the past 2 weeks. The injured worker rated his pain a 4/10 to 5/10 in the low back while at rest and reported that this increases with prolonged activity. The objective findings were myofascial release/soft tissue mobilization: STM to lumbar region and left upper gluteal x 10 minutes with patient prone. The injured worker had a hot pack with TENS to the lumbar region x 15 minutes. Upon observation the injured worker continued to ambulate into the clinic within normal limits without guarded or compensatory movements noted. The injured worker's active range of motion standing trunk into flexion remains at 70 degrees; extension 30 degrees; rotation remains at 40 degrees with reports of 5/10 low back pain. Manual muscle test with the left lower extremity remains 4/5. Upon palpation there was moderate muscle guarding present throughout left lumbar paraspinals and left gluteal with reports of 6/10 pain. The assessment included the patient continued to have pain with activities of daily living. The injured worker should continue with previous treatment program to patient's tolerance. The injured worker completed the entire treatment program with no adverse reactions noted or reported. The patient would be reassessed on next visit. The plan is to continue with the plan of care. The provider's rationale for physical therapy for the lumbar 1 x 4 is not provided within the documentation. The request for authorization form for medical treatment is not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LUMBAR 1X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Pages 98-99, Physical Medicine..

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate physical medicine is recommended. Physical Medicine Guidelines 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 Guidelines provide 8 to 10 visits over 4 weeks. The injured worker, according to the documents provided, had 6 out of 6 physical therapy sessions on 05/12/2014. The injured worker had 1 out of 4 physical therapy sessions on 06/20/2014. An additional 4 physical therapy sessions would be in excess of the recommended treatment according to the Physical Medicine Guidelines. Therefore, the request for physical therapy for the lumbar 1 x 4 is not medically necessary.