

Case Number:	CM14-0027494		
Date Assigned:	06/13/2014	Date of Injury:	09/08/2009
Decision Date:	07/16/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/04/2014

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 Orthopedic Surgery 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 employee is a 62-year-old female injured on 9/8/2009. The mechanism of injury was noted as an industrial injury to the lower back, legs and arms. The injured employee was injured while replacing a broken copy stand that was held in place by the weight of a computer monitor. The most recent progress note, dated 6/9/2014, indicated that there were ongoing complaints of low back pain. The physical examination for 2/03/2014 revealed tenderness to palpation at the lumbar/sacral area of the spine. Range of motion of the lumbar spine was decreased by 20% flexion, 20% extension and 20% with bilateral rotation and decreased sensation in the L5-S1 dermatome distribution over the right lower extremity when compared to the left. Diagnostic imaging studies included thoracic/lumbar radiographs (10/08/2009), which revealed multilevel mild degenerative changes most extreme in the upper thoracic spine at T12-L1 and L1-L2, disc space narrowing, moderate hyperostosis, moderate facet joint hypertrophy at the lower lumbar spine greater on the right. Lumbar MRI (01/22/2010) revealed multilevel lower thoracic and lumbar disc degeneration and facet arthrosis, moderate left and mild to moderate right neural foraminal encroachment at L5-S1 primarily related to facet spurring and annular disc bulge and mild encroachment on neural foramina bilaterally at L3-L4 and L4-L5. Previous treatment included physical therapy, medications to include Motrin, Flexeril, Darvocet, tramadol, Skelaxin, Robaxin, acupuncture, lumbar brace, wrist brace, modified duty, off of work and home paraffin unit. A request had been made for physical therapy for the lumbar spine quantity #12 and was not approved in the pre-authorization process on 2/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR LUMBAR SPINE QUANTITY 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: In review of the provided documentation of this patient and consideration of the date of injury, she has received #6 visits of physical therapy. She sustained an injury to her knee (ACL tear) and had to discontinue physical therapy. According to American College of Occupational and Environmental Medicine (ACOEM) guidelines, this patient has had adequate visits to physical therapy for education, counseling and evaluation of a home exercise regimen for continued range of motion and muscle stretching/strengthening. Additional request for #12 physical therapy visits is deemed to be not medically necessary.