MAXIMUS Federal Services

Case Number:	CM14-0029066		
Date Assigned:	06/20/2014	Date of Injury:	05/08/2012
Decision Date:	08/04/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/12/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 44-year-old female who reported an injury on 05/08/2012 due to walking in the yard and she stepped in a hole which caused her to twist her ankle and leg and then stumble. The injured worker had complaints of low back pain which she rated 4/10 radiating to the right leg. She also complained of right knee pain which she rated at a 2 with throbbing pain. The injured worker stated she has completed 8 out of 8 sessions of physical therapy and is requesting authorization to continue physical therapy. The injured worker did state physical therapy helped to alleviate symptoms. Diagnostic studies were not submitted for review. Medications were not reported. Objective findings were lumbar spine; SLR was to 30 degrees right, positive sciatic notch, bilateral, positive Patrick's, Faber's (for low back pain only), right knee, positive medial/lateral stability, decreased mild sensation on L5 dermatome. Diagnoses were lumbar strain, right lower extremity radiculopathy. Treatment plan was for physical therapy 8 sessions 2 times a week for 4 weeks. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; 8 sessions (2 x 4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

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

Decision rationale: The injured worker has had eight sessions of physical therapy with no reports submitted and no measurable gains in functional improvement reported. The California Medical Treatment Utilization Schedule states that physical medicine is recommended. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, swelling, and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. There were no medications tried and failed reported for the injured worker. There were no reports of the injured worker actively participating in a home based exercise program. Therefore, the request is not medically necessary and appropriate.