

Case Number:	CM14-0029142		
Date Assigned:	06/20/2014	Date of Injury:	02/27/2006
Decision Date:	09/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/07/2014

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 Therapy & Rehabilitation, has a subspecialty in 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 48-year-old female who reported an injury on 02/27/2006. The mechanism of injury was not provided with the documentation submitted for review. Her diagnoses were noted to be left median and ulnar neuropathy, history of median and ulnar neuropathy, bilateral shoulder tendinopathy, cervical and lumbar strains, posttraumatic stress disorder, and sleep disorder secondary to chronic pain. She was noted to have carpal tunnel and pronator tunnel release with the right ulnar nerve decompression in 2013. She was noted to have prior treatments of medication and physical therapy. A Primary Treating Physician's Progress Report notes the injured worker with subjective complaints of low back pain that radiated down both legs to the feet. She indicated upper extremity symptoms had subsided. The physical examination noted modest bilateral paralumbar tenderness that extended into the sciatic notches, left side was greater than right. Straight leg raise was positive on the left side at 10 degrees and positive on the right side at 15 degrees. Deep tendon reflexes were symmetrical. Treatment plan was for home based exercise program and medication refills. The provider's rationale was noted within the clinical note. A Request for Authorization was not provided within the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 2 lumbar Spine: Upheld

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

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

Decision rationale: The request for Physical Therapy 3 x 2 Lumbar Spine is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state that 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. The injured worker is instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The documentation submitted with this review lacks efficacy of prior therapy. The objective findings do not indicate significant deficits with range of motion and strength. The treatment plan was for home exercise. As such, the request for Physical Therapy 3 x 2 Lumbar Spine is not medically necessary.