

Case Number:	CM14-0029870		
Date Assigned:	06/20/2014	Date of Injury:	07/16/2008
Decision Date:	10/02/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/10/2014

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 Nevada. 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 records presented for review indicate that this 49-year-old gentleman was reportedly injured on July 16, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 11, 2014, indicates that there are ongoing complaints of low back pain radiating down the left lower extremity. No physical examination was performed on this date. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy, cognitive behavioral therapy, and oral medications. A request had been made for physical therapy two times a week for 10 weeks and was not certified in the pre-authorization process on February 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 10 WEEKS TO INCREASE RANGE OF MOTION AND STRENGTH AND HOME EXERCISE PROGRAM INSTRUCTION AND SUPERVISION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK CHAPTER

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back - lumbar and thoracic, physical therapy, updated August 22, 2014.

Decision rationale: The Official Disability Guidelines recommends 10 visits of physical therapy for the lumbar spine for sprains and strains. According to the attached medical record the injured employee has previously participated in physical therapy, however the number visits or efficacy of these sessions are not known, nor is it stated that the injured employee is participating in a home exercise program. Additionally, the number of requested physical therapy visits exceeds that recommended by the Official Disability Guidelines. As such, this request for physical therapy two times a week for 10 weeks to increase range of motion and strengthening and a home exercise program instruction and supervision is not medically necessary.