

Case Number:	CM14-0030153		
Date Assigned:	06/20/2014	Date of Injury:	11/25/2008
Decision Date:	07/17/2014	UR Denial Date:	02/14/2014
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 & Rehabilitation and is licensed to practice in Minnesota. 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 46-year-old female who reported an injury on 11/25/2008 due to cumulative trauma. The clinical note dated 03/10/2014 noted the injured worker presented with intermittent low back pain with numbness down the bilateral legs and insomnia. Prior therapy included medications and physical therapy. Examination of the lumbar spine revealed restricted range of motion, positive straight leg raise, and Braggard's test to the left and negative on the right. The lower extremity motor strength was 5/5 bilaterally in the iliopsoas, quadriceps, tibialis anterior, extensor hallucis longus, gastrocnemius, and peroneus longus muscle groups, except for weakness in the left extensor hallucis longus at 4/5. Sensory examination revealed dull and diminished findings over the left L5 dermatomes with all remaining dermatomes intact. Her gait was slow and guarded favoring the left lower extremity. The diagnoses were bilateral knee sprain/strain, recurrent herniated nucleus pulposus at L5-S1 on the left, desiccation at L4-5 with neural foraminal L4-5 left, status post left L5-S1 microdiscectomy on 08/13/2011, gastrointestinal/gastroesophageal reflux disease secondary to medication use, and anxiety and depression secondary to industrial injury. The provider recommended physical therapy 2 times a week for 4 weeks for the lumbar spine. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week for 4 weeks for the Lumbar Spine: Upheld

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

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

Decision rationale: The request for physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary. The California MTUS states 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 for the individual to complete a specific task or exercise. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improved levels. There was lack of documentation indicating the injured worker's prior course of physical therapy, as well as efficacy of the prior therapy. The injured worker has been prescribed physical therapy since at least 2009 for the lumbar spine; the amount of physical therapy visits and the efficacy of the visits were not provided. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The request for additional physical therapy visits 2 times a week for 4 weeks for the lumbar spine exceeds the guideline recommendations. As such, the request is not medically necessary.