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| Case Number: | CM14-0030183 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 10/23/2013 |
| Decision Date: | 07/18/2014 | 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 and Rehabilitation, 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 underlying date of injury in this case is October 23, 2013. The reference diagnosis is a herniated disc with radiculopathy. As of February 3, 2014, the patient was seen in orthopedic followup regarding low back pain radiating to the left lower extremity. The patient had previously been approved for twelve visits of physical therapy. On exam the patient had lumbar tenderness and spasm with straight leg raising positive on the left and with decreased sensation in the dorsal aspect of the left foot. The treating physician requested additional physical therapy to include ultrasound, massage, and therapeutic exercises three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LOW BACK, THREE TIMES WEEKLY FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical/Occupational Therapy Section.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, recommends to allow for fading of treatment frequency plus active self-directed home physical medicine. These guidelines recommend independent active rehabilitation rather than passive rehabilitation in the current chronic setting. These guidelines anticipate that this patient would have transitioned to independent home rehabilitation by the time under review. The medical records do not provide a rationale as to why this patient would require additional supervised therapy rather than independent home rehabilitation. Therefore, the request for additional supervised physical therapy is not supported by the medical records and guidelines. The request for physical therapy for the low back, three times weekly for four weeks, is not medically necessary or appropriate.