

Case Number:	CM14-0030234		
Date Assigned:	06/20/2014	Date of Injury:	02/04/2013
Decision Date:	08/11/2014	UR Denial Date:	02/11/2014
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 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 injured worker is a 57-year-old female who reported an injury on 12/05/2013. The mechanism of injury was not provided for clinical review. Diagnoses included disc degeneration at L3-4 and foraminal spinal stenosis. Previous treatments include medication. Within the clinical note dated 05/01/2014, it was reported the injured worker complained of left greater than right back and buttock pain. She rated her pain 7/10 to 8/10 in severity. Upon the physical examination, the provider noted tenderness over the left sacroiliac joint consistent with sacroiliitis or sacroiliac joint dysfunction. The provider indicated the injured worker had a positive provocative test along with a slight right antalgic gait. The request submitted is for 12 sessions of physical therapy. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 x Physical Therapy visits two times a week for six weeks, in treatment for 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): 98-99.

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The MTUS Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The Guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. In this case, there is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength of flexibility. The number of sessions submitted in the request exceeds the Guideline recommendations of 8 to 10 visits. Therefore, the request for 12 physical therapy visits twice a week for six weeks, in treatment for the lumbar spine is not medically necessary and appropriate.