

Case Number:	CM14-0030349		
Date Assigned:	06/20/2014	Date of Injury:	11/26/2008
Decision Date:	07/24/2014	UR Denial Date:	02/06/2014
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, has a subspecialty in Pain Management, 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:

This is a female patient with the date of injury of November 26, 2008. A progress report dated January 24, 2014 identifies subjective complaints of pain in the right hip radiating down the leg. The patient has not had any physical therapy over the course of the last 10 months. She feels that her pain is getting worse. Objective findings identify focally tender at the right side at the right sacroiliac joint as well as the posterior hip musculature. Grossly positive FABER (Flexion, Adduction, External Rotation, and Extension) and Gaenslen's test. She has pain with pelvic compression. The diagnoses identify status post anterior posterior spinal fusion, presumed anxiety with hyperventilation, and probable right-sided sacroiliitis versus pelvic imbalance. The treatment plan identifies a brief course of physical therapy twice a week for six weeks to work on pelvic stretching exercises as well as pelvic rebalancing exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, two (2) times a week for six (6) weeks for Pelvic/Lumbar area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for twelve physical therapy visits two times a week for six week for pelvic/lumbar area, the MTUS guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of six physical therapy visits. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of objective deficits. In addition, the requested number of visits exceeds the guidelines recommendations for an initial trial. In light of the above issues, the request for twelve physical therapy visits two times a week for six week for pelvic/lumbar area is not medically necessary.