

Case Number:	CM14-0030390		
Date Assigned:	06/20/2014	Date of Injury:	04/11/2013
Decision Date:	08/08/2014	UR Denial Date:	03/03/2014
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 Illinois. 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 56-year-old male who reported an injury on 04/11/2013. The mechanism of injury was due to cumulative trauma. On 01/06/2014, the injured worker presented with back pain that radiated down to the right leg. Upon examination of the lumbar spine, the range of motion values were at 65 degrees forward flexion, 20 degrees of left lateral bending, 20 degrees of right lateral bending, and 15 degrees of extension. Prior treatment included physical therapy and medication. The provider recommended physical therapy two to three times a week for four weeks to the lumbar spine. The provider's rationale was not provided. The request for authorization form was not submitted 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:

Additional Physical Therapy, two (2) to three (3) times a week for four (4) weeks, to the lumbar spine report dated 2/17/2014, Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Physical Medicine Page(s): 46-47; 98-99.

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, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The 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 MTUS guidelines recommend up to ten visits of physical therapy, for up to four weeks. In this case, there was a lack of documentation indicating the injured worker's previous physical therapy as well as efficacy of the prior therapy. The amount of physical therapy visits that the injured worker has already completed was not provided. Additionally, the injured workers are instructed and expected to continue active therapies at home, and there is no significant barriers to transitioning the injured worker to an independent home exercise program. As such, the request is non-certified.