

Case Number:	CM14-0031564		
Date Assigned:	06/20/2014	Date of Injury:	03/18/2013
Decision Date:	07/23/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/12/2014

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 Texas. 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 patient is a 58-year-old male who was injured on 3/18/13. He strained his back while loading heavy boxes. Treatment to date has included medications, activity modification, and certification for 12 physical therapy visits. The medical records include the initial physical therapy report dated 8/9/13 and primary treating physician progress report dated 9/4/13. According to the medical report dated 2/10/14, the patient was seen for an initial orthopedic evaluation with complaints of neck and back pain. A report states that following his injury, the patient was given ibuprofen, which was of no benefit. Radiographs of his back were obtained, and he was taken off work. He then received three physical therapy treatments, which made his pain worse, so he stopped physical therapy. Regarding the neck, he describes intermittent numbness which radiates to the left side of the head to the back of left ear. Regarding his low back, he has frequent to and numbing pain with stiffness of the back. He has radiating pain to the right hip and numbness. Prolonged periods of standing makes pain worse, lying flat on his back is bothersome, and he has pain with turning. Medication is beneficial. He is working full-time with no restrictions. Physical examination documents normal gait, ability to walk on toes and heels without deficits, moderately diminished lumbar motion with back pain, 5/5 motor strength of the upper and lower extremities, intact sensation throughout the extremities, and bilaterally symmetrical reflexes. He has lumbosacral midline tenderness and bilateral trapezii tenderness. Cervical flexion is normal, and other motions are 75% of normal with neck pain. Diagnoses are cervical and lumbar strain and spondylosis. Recommendations for treatment include resuming physical therapy, ibuprofen, and a lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: According to the California MTUS guidelines, 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. It can also alleviate discomfort. When beginning a physical medicine regimen, allow for the fading of treatment frequency from up to 3 visits per week to 1 or less with the addition of active self-directed home physical medicine. Myalgia and myositis, allow for 9-10 visits over 8 weeks. According to the medical records, the patient was previously authorized for a course of physical therapy; however the patient claimed the initial therapy worsened his pain, and so he stopped attending. The medical records do not establish the patient benefited from prior physical therapy, in which case, additional physical therapy is not indicated. As such, the request is not medically necessary.