

Case Number:	CM14-0033473		
Date Assigned:	06/20/2014	Date of Injury:	04/23/2013
Decision Date:	07/30/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/17/2014

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 and Washington. 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 33-year-old male with a reported date of injury on 04/23/2013. The injury reportedly occurred when the injured worker was hit by a motorcycle in the parking lot. His diagnosis was noted to include lumbar radiculopathy to the left leg. His previous treatments were noted to include physical therapy, analgesics, and rest. The official MRI report dated 02/06/2014 revealed degenerative disc disease at L5-S1 with mild disc space narrowing and 4 mm posterior diffused disc. The progress note dated 02/14/2014 reported the injured worker complained of lumbar spine pain. The physical examination to the lumbar spine revealed flexion was to 60 degrees and extension was to 15 degrees. The Request for Authorization form dated 02/14/2014 was for physical therapy 2 x 6. The provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine Procedure: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98.

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

Decision rationale: The injured worker has had previous sessions of physical therapy treatment. The California Chronic Pain Medical Treatment Guidelines recommend active therapy 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. The guidelines state that Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines' recommendation for myalgia and myositis is 9 to 10 visits over 8 weeks. There is a lack of documentation regarding current measurable objective functional deficit including range of motion and motor strength as well as quantifiable objective functional improvements from previous physical therapy visits. There is also lack of documentation regarding number of previous physical therapy sessions. Therefore, due to the lack of documentation regarding current measurable objective functional deficit and quantifiable objective functional improvements as well as number of previous physical therapy visits, the physical therapy is not warranted at this time. The request does not give enough detail regarding which type of physical medicine is being requested. Therefore, the request for a physical medicine procedure is not medically necessary.