

Case Number:	CM14-0037319		
Date Assigned:	06/25/2014	Date of Injury:	10/05/1977
Decision Date:	08/20/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/27/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and 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 injured worker is a 78-year-old female who reported an injury on 10/05/1977. The mechanism of injury was not provided within the medical records. The clinical note dated 02/03/2014 indicated diagnoses of degenerative disc disease to the lumbosacral spine, myofascial pain, obstructive sleep apnea, and depression. The clinical note indicated the injured worker reported pain at moderate levels. The injured worker reported she was getting better at managing her pain and it was tolerable, even though it remained. The injured worker reported she had some pain every day, moderate in intensity, and noted she had some other problems such as lightheadedness and dizziness with change in position or motion. The injured worker reported she continued her home exercise program though she had complaints of low back pain and lower extremity pain. The provider reported the injured worker was more stressed, which aggravated her pain, which increased her stress level. The injured worker's prior treatments included diagnostic imaging physical therapy and medication management. The provider submitted a request for physical therapy. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

additional PT 2x6 back: Upheld

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

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

Decision rationale: The request for additional physical therapy, 2 times per week for 6 weeks in treatment of the back is not medically necessary. The California MTUS 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 guidelines note 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. There is a lack of documentation indicating the injured worker's prior course of physical therapy, including number of sessions of physical therapy, as well as efficacy of the prior therapy. In addition, there is a lack of documentation including an adequate and complete physical exam demonstrating the injured worker has a decreased functional ability, decreased range of motion, and decreased strength or flexibility. Moreover, the amount of physical therapy that has already been completed should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue with exercises such as strengthening, stretching, and range of motion. Therefore, the request for physical therapy is not medically necessary.