

Case Number:	CM14-0039523		
Date Assigned:	06/27/2014	Date of Injury:	12/26/2013
Decision Date:	07/31/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 37 year old female who sustained an injury on 12/26/2013 while she was assisting a patient up to a bed side commode when she developed pain in her lower back. Treatment history includes medications, acupuncture, and 6 visits of physical therapy. A progress report dated 02/24/2014 indicates that she continues to have some episodic back pain despite the fact that she is advancing along on physical therapy. She has increasing pain to her back with prolonged standing and noticing some difficulty sleeping at night. Sometimes she does not feel that her medications work very well. On physical exam, there was tenderness maximum in her low lumbar spine. Spurlings was negative. Faber remains positive on the right. There was some dysfunction to the SI joint. Her flexion remains reduced at about 50 degrees. Extension was a little bit better, today, at 5 degrees. Lateral bending was reduced. She was diagnosed with internal disruption of disc probably at the L1-2 region. A UR dated 03/04/2014 indicates that the request for continued physical therapy 6 sessions was non-certified due to absent of further documentation of specific and sustained benefit from treatment to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY 1X6 (LUMBAR): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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

Decision rationale: As per the MTUS Chronic Pain Guidelines, physical medicine 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. Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. In this case however, the records lack detailed pain and functional assessment (i.e. objective measurements) to support any indication of more PT visits. There is no documentation of self active home exercise program. Therefore, the requested 6 physical therapy visits are not medically necessary and appropriate.