

Case Number:	CM14-0039543		
Date Assigned:	06/27/2014	Date of Injury:	02/20/2013
Decision Date:	08/21/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/04/2014

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 Florida and New York. 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 37 year old female whose reported date of injury is February 20, 2013. A diagnosis of lumbar disc displacement is noted. On February 13, 2014 the injured worker presented with low back pain and left leg pain. There was diminished range of motion (ROM) and difficulty with sitting and driving because of left leg pain/sciatica. The injured worker reportedly received pool and land based therapy which was noted to be helpful. Additional therapy was requested and denied in a review dated March 18, 2014. The rationale for the denial focused on a lack of objective findings why additional therapy would be necessary and why the claimant could not participate in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x Week x 4 weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, lumbar and thoracic - physical therapy.

Decision rationale: This request is not medically necessary. The rationale is based on the lack of additional documentation which supports the need for additional skilled therapy and why the claimant cannot benefit from a medically supervised home exercise program. In addition, since the most recent notes are from 2/23/14, the claimant may no longer have a clinical need for the requested additional therapy. The Official Disability Guidelines (ODG) requires that the claimant have an active problem for which a therapeutic program may be functionally beneficial. In this case, due to the several months that have passed there is no support that the claimant has a functional disturbance and that therapy would be helpful.