

Case Number:	CM14-0040600		
Date Assigned:	06/27/2014	Date of Injury:	09/07/2007
Decision Date:	08/21/2014	UR Denial Date:	03/20/2014
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 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 44-year-old female who reported an injury on 09/07/2007. The mechanism of injury was not provided. On 01/14/2014, the injured worker presented with increased sciatic nerve irritation. Upon examination, the injured worker had moderate tension in the low back and right piriformis. Prior treatment included medications and physical therapy. The diagnoses were aftercare following a surgery of the musculoskeletal system and lumbago. The provider recommended physical therapy 2 times a week for 6 weeks for the lumbar spine. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week x 6 weeks Lumbar Spine: Upheld

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

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

Decision rationale: The request for physical therapy 2 times a week for 6 weeks to the lumbar spine is non-certified. The California MTUS states that 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 and can alleviate discomfort. Active therapies require an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed in and expected to continue with active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy for up to 4 weeks. The injured worker has had physical therapy treatments since 10/2013 to 01/2014; there is a lack of objective functional improvement with the use of prior therapy. Additionally, the amount of physical therapy visits that the injured worker has already completed was not provided. Injured workers are instructed in and expected to continue with active therapies at home as an extension of the treatment process, and there are no significant barriers to transitioning the injured worker into an independent home exercise program. As such, the request is non-certified.