

Case Number:	CM14-0040606		
Date Assigned:	06/04/2014	Date of Injury:	09/16/2007
Decision Date:	07/11/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/12/2014

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 Illinois. 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 40 year old female who reported an injury on 10/16/2007. Injured worker reported she was pushed onto the concrete, injuring her spine, neck and hip. The injured worker complained of significant pain to the left hip. The injured worker stated that she had to keep her legs bent and lay only on the right side during the night. The injured worker also stated that she felt she was losing strength in her left leg when she walked. On physical examination the injured worker was cooperative with no signs of sedation. The injured worker ambulated without assistance, her gait was antalgic. The injured worker had full extension to 110 degrees flexion in the left hip, internal rotation to 30 degrees and external rotation to 40 degrees. The injured worker had tenderness upon palpation of the lateral hip bursa. The injured worker had diagnoses of lumbar disc displacement without myelopathy, neck pain, pain in shoulder, and pain in the limb. The injured worker had a lumbar spine fusion dated 06/2010, computerized tomography of lumbar spine without contrast dated 06/02/2011, lumbar magnetic resonance imaging (MRI) dated 04/05/2011, MRI of the lumbar spine dated 06/28/2008, EMG of the bilateral lower extremities dated 01/23/2008 and an MRI of the lumbar spine without contrast dated 10/02/2007. The injured worker had steroid injections, TENS unit, physical therapy, water aerobics and medication. The injured worker's medications consisted of Lactulose 10gm/15ml solution 15-30ml po daily prn for constipation, Lidoderm 5% patch 2 patches at a time with 12 hours on 12 hours off, Neurontin 300mg 2 tablets every 8 hours, Pantapazole-protonix 20mg one tablet daily, Senokot-s 8.6-50mg 2 tablets at bedtime, Fentanyl 25 mcg/hr apply to skin every 48 hours and Bupropion Hcl XI 150mg 1 tablet daily. The treatment plan was for physical therapy two times per week for six weeks on the injured worker's lumbar spine. The rationale was not submitted for review. The request for authorization form was submitted on 02/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS(LUMBAR SPINE):

Upheld

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

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

Decision rationale: The injured worker complained of significant pain on the left hip. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that physical therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The injured worker would be considered to be in the chronic phase of pain. The MTUS guidelines also state 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 recommend eight to ten sessions of physical therapy over 4 weeks. The injured worker showed no recent exacerbation of symptoms. There is a lack of documentation demonstrating the efficacy of prior therapy as evidenced by significant objective functional improvements over the course of the therapy. The provider did not indicate how many sessions of physical therapy the injured worker has completed to date. Additionally, the request for twelve sessions would exceed the guideline recommendations. Given the lack of documentation, the request for physical therapy is not medically necessary and appropriate.