

Case Number:	CM14-0045070		
Date Assigned:	07/02/2014	Date of Injury:	01/10/2013
Decision Date:	07/31/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/14/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of 1/10/13. A utilization review determination dated 3/25/14 recommends non-certification of Physical Therapy (PT). A 3/13/14 medical report identifies no current subjective findings. The patient was getting relief with PT in the past and is requesting more PT for the low back specifically. On exam, there is full Range of Motion (ROM) with pain at the extremes of motion and mild pain with hyperextension of the spine. There is diffuse tenderness of the paravertebral musculature bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient additional Physical therapy two (2) times a week times six (6) weeks to the lumbar spine: Upheld

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

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

Decision rationale: Regarding the request for additional physical therapy, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the

documentation available for review, there is documentation of completion of prior Physical Therapy (PT) sessions that were helpful, but there is no documentation of specific objective functional improvement with the previous sessions. There are no remaining functional deficits, with only some pain at the extremes of Range of Motion (ROM) and tenderness noted, and there is no documentation as to why these cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.