

Case Number:	CM14-0046410		
Date Assigned:	07/02/2014	Date of Injury:	09/11/2013
Decision Date:	08/11/2014	UR Denial Date:	03/30/2014
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 & 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:

The injured worker is a 49-year-old female who reported an injury on 09/11/2013. The mechanism of injury was a fall. Diagnoses include strain of the thoracic spine, strain of the lumbar region, contusion of the lower back, sprain of the right shoulder. Previous treatments include medication and physical therapy. Within a clinical note dated 03/03/2014, it was reported the injured worker complained of back pain, upper and lower back. On the physical examination, the provider noted the injured worker had tenderness at L5-S1. The provider noted the injured worker was able to flex within 8 inches of touching her toes with some persistent lower back pain. The clinical note is illegible. The request submitted is for continuation of physical therapy; however, rationale was not provided for clinical review. The request for authorization was submitted and dated on 03/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy twice a week for six weeks for the cervical, lumbar and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. The MTUS guidelines allow for fading of treatment frequency plus active, self directed home physical medicine. The guidelines note for neuralgia or myalgia 8-10 visits of physical therapy are recommended. In this case, there is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength and flexibility. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior physical therapy. The amount of physical therapy visits the injured worker has already completed was not provided for clinical review. The number of sessions requested exceeds the guideline recommendations. Therefore, the request for continued physical therapy twice a week for six weeks for the cervical, lumbar and right shoulder is not medically necessary and appropriate.