

Case Number:	CM14-0046599		
Date Assigned:	07/02/2014	Date of Injury:	08/14/2013
Decision Date:	08/06/2014	UR Denial Date:	03/19/2014
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 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 58-year-old male with an injury reported on 08/14/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/29/2014 reported that the injured worker complained of low back pain. The clinical note is handwritten and nearly illegible. The physical examination of the injured worker's lumbar spine revealed range of motion demonstrating flexion to 60 degrees, extension to 25 degrees, and left and right lateral bending to 25 degrees. It was reported that there was tenderness to palpation in the right iliolumbar ligament. It was reported the injured worker had decreased light touch sensation in the dorsal aspect of the right foot. The injured worker's diagnoses included right lumbosacral strain, right lumbosacral radiculopathy, and myofascial pain. The injured worker's prescribed medication included Butrans patch, hydrocodone, naproxen, omeprazole, and Neurontin. The provider requested physical therapy 2 times a week for 3 weeks to the lumbar region, the rationale was not provided within the clinical notes. The Request for Authorization was submitted on 03/28/2014. The injured worker's prior treatments were not included within the clinical note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment 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 4 weeks, lumbar, is not medically necessary. The injured worker complained of low back pain. The treating physician's rationale for physical therapy was not provided within the clinical notes. The CA MTUS guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided. There is a lack of documentation indicating the injured worker has significant functional deficits. Given the information provided, there is insufficient evidence to determine the appropriateness of physical therapy as medically necessary. As such, the request is not medically necessary.

The request for physical therapy 2 times a week for 4 weeks, lumbar, is not medically necessary. The injured worker complained of low back pain. The treating physician's rationale for physical therapy was not provided within the clinical notes. The CA MTUS guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided. There is a lack of documentation indicating the injured worker has significant functional deficits. Given the information provided, there is insufficient evidence to determine the appropriateness of physical therapy as medically necessary. As such, the request is not medically necessary.