

Case Number:	CM14-0046658		
Date Assigned:	07/02/2014	Date of Injury:	02/27/2014
Decision Date:	10/01/2014	UR Denial Date:	04/02/2014
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 55-year-old female who reported an injury on 02/27/2014. The injury reported was when the injured worker was pushed from the lower back. The diagnoses included lumbar sprain/strain, sacrum sprain/strain, and thoracic sprain/strain. The previous treatments included medication, physical therapy, and injections. Within the clinical note dated 04/01/2014, it was reported the injured worker complained of low back pain, which she rated 5/10 in severity. She described the pain as dull. Upon the physical examination, the provider noted the injured worker had no spasms of the thoracolumbar spine and paravertebral muscles. The provider noted the injured worker had no loss of lumbosacral lordosis. The injured worker ambulated with a normal gait, full weight bearing on both lower extremities. The request submitted is for physical therapy and evaluation and treatment 3 times 4 for the lumbar and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy and evaluation and Treatment 3 x 4, for the Lumbar and Thoracic spine:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines

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, and range of motion. The guidelines allow for fading of treatment frequency, plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. There is a lack of documentation including a complete and adequate physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength and flexibility. The number of sessions the injured worker has completed was not provided for clinical review. Therefore, the request is not medically necessary.