

Case Number:	CM14-0050022		
Date Assigned:	07/07/2014	Date of Injury:	12/01/2013
Decision Date:	09/10/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/11/2014

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:

This 47 year old patient had a date of injury on 2/1/2013 . The mechanism of injury was she fell from a second rung of a ladder. In a progress noted dated 1/21/2014, subjective findings included pain in region of lower back with extensive injury on left leg. The pain also described at times extend up into her back area. On a physical exam dated 1/21/2014, objective findings included areas of soreness and tenderness in midline at about the L4-L5 and L5-@1 levels. She has no difficulty walking on toes or heels. Diagnostic impression shows lumbar strain, lumbar disc bulge, no objective radiculopathy Treatment to date: medication therapy, behavioral modification, 12 sessions physical therapy from 1/9/2014-2/9/2014A UR decision dated 3/7/2014 denied the request for physical therapy 2x/week for 4 weeks for lumbar disc, stating that the patient had already 12 documented physical therapy visits for his injury, and there was no evidence of ongoing significant progressive functional improvement from previous physical therapy visits that is documented. A valid rationale as to why remaining rehabilitation cannot be accomplished in context of independent exercise program is not specified.

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 FOR LUMBAR DISC:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back-lumbar and thoracic.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. ODG physical therapy guidelines support up to 10 visit over 8 weeks for lumbar sprains and strains. In the reports viewed, the patient has already received 12 physical therapy sessions for the lumbar area from 1/9/2014-2/9/2014, which already exceeds the recommended guidelines of 10 visits over 8 weeks. Furthermore, there was no documented functional improvement noted from these previous sessions, and there was no discussion as to why the patient could not transition into a home exercise program. Therefore, the request for additional physical therapy 2x/week for 4 weeks was not medically necessary.