

Case Number:	CM14-0053623		
Date Assigned:	07/07/2014	Date of Injury:	07/12/2013
Decision Date:	09/22/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/22/2014

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 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 30 year old female who reported an injury on 07/12/2013 due to a motor vehicle accident. Relevant diagnoses included lumbar spine sprain and back pain. Past treatment included physical therapy to the right knee, home exercise program, and medication. Diagnostic studies were noted as MRI of the right knee on 08/02/2013 and an MRI of the right ankle on 08/05/2013. No surgical history provided. On 01/22/2014, the injured worker complained of neck, upper back, and leg pain. Upon physical examination, she was noted to be positive for myalgias, back pain and joint pain. She was also positive for sensory change and headaches. She was noted with normal range of motion and no swelling to the left knee. She exhibited tenderness to the cervical back with tenderness and pain noted to the lumbar back. She was noted to have normal reflexes but a sensory deficit is noted. She displayed weakness. Medications were listed as ibuprofen 600 mg, acetaminophen-codeine 300-30 mg, nortrptyline 10 mg, and omeprazole 20 mg. The treatment plan was to request orthopedic surgery, request MRI of the thoracic spine and cervical spine, and request posterior leaf spring AFO for the right side. The rationale for the request was not provided. The request for authorization form was signed and submitted on 3/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy for the left lower extremity and upper back (2x4 weeks):
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.

Decision rationale: The request for 8 sessions of physical therapy for the left lower extremity and upper back two times a week for four weeks is not medically necessary. The injured worker complained of leg and back pain. No functional limitations were noted. The California MTUS guidelines may recommend physical therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The documentation failed to provide clear evidence of functional deficits in these body regions and address whether previous physical therapy has been attempted in these areas. In the absence of objective functional deficits, physical therapy is not supported. Therefore, the request is not medically necessary.