

Case Number:	CM14-0054471		
Date Assigned:	07/07/2014	Date of Injury:	09/20/2013
Decision Date:	08/07/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/23/2014

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, has a subspecialty in Interventional Spine 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 patient is a 31-year-old male with date of injury of 09/20/2013. The listed diagnoses per [REDACTED] dated 03/11/2014 are: 1. Hamstring strain. 2. Hamstring injury. 3. Lumbar strain. 4. Low back pain. 5. Hamstring tear. 6. Chronic pain syndrome. According to this report, the patient complains of left hamstring and low back pain. He reports that he continues to have better pain control with his current medications. He states that he completed twelve (12) physical therapy visits and is to have more after the reevaluation by [REDACTED]. He states that he has increased low back pain, with walking without his walker. He is now able to walk a very slow mile, but feels unstable and worried that he may fall. He describes his pain as achy in the low back with tightness. He rates his pain 4/10 without medications and 1/10 with medications. The physical exam shows the patient is well developed and well nourished, in no acute distress. The patient has a 5/5 right lower extremity strength and a 5-/5 left lower extremity strength with knee flexion. Sensation is intact and equal. There is no clonus or increased tone. The deep tendon reflexes (DTRs) are +2 and symmetric. The Babinski sign is negative. Sciatic notches are painful to palpation. Sacroiliac joints are tender bilaterally. There is tenderness over the paraspinals and lumbosacral region. The Utilization Review denied the request on 03/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy two (2) times a week for six (6) weeks to the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: This patient presents with low back and left hamstring pain. The treater is requesting twelve (12) additional physical therapy visits for the low back, based on the progress report (PR-2) dated 03/07/2014. The Chronic Pain Guidelines recommend eight to ten (8 to 10) visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any recent or prior physical therapy reports to verify how many treatments were received and with what results. The progress report dated 03/07/2014, does not document any flare-ups or exacerbations; however, the treater is requesting additional therapy to continue hamstring and gait training. The 03/11/2014 report documents that the patient received twelve (12) physical therapy (PT) visits recently. While the treater recommends continued hamstring and gait training, the requested twelve (12) sessions in combination with the previous twelve (12) would exceed guidelines. In this case, the patient should be able to transition into a self-directed home exercise program to improve gait and strength. The request is not medically necessary.