

Case Number:	CM14-0062919		
Date Assigned:	07/11/2014	Date of Injury:	10/03/2013
Decision Date:	08/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/05/2014

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 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 injured worker is a 58-year-old female who reported an injury on 10/03/2013. The mechanism of injury was a slip and fall. The diagnosis included sprain/strain of the lumbar region. Previous treatments include physical therapy and medication. Per the clinical note dated 05/06/2014, it was reported the injured worker complained of low back pain. The injured worker complained her back pain was radiating to her thoracic spine. On the physical examination of the lumbar spine, the provider noted tenderness to palpation of the lumbar paraspinal muscles bilaterally. Range of motion of the lumbar spine was flexion at 8 inches above the floor, and extension at 10 degrees. The injured worker had a positive straight leg raise bilaterally. The request submitted is for additional physical therapy of the lower back x8 visits. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for lower back X8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. 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: The request for additional physical therapy to the lower back x8 visits is not medically necessary. The injured worker complained of low back pain. She stated her pain radiated to her thoracic spine. 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, range of motion, and can alleviate discomfort 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 physical therapy. There is a lack of documentation indicating the amount of physical therapy the injured worker has utilized. There is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased strength, and flexibility. Therefore, the request is not medically necessary.