

Case Number:	CM14-0065081		
Date Assigned:	07/11/2014	Date of Injury:	07/24/2013
Decision Date:	09/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/08/2014

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 57-year-old male who reported an injury on 07/24/2013. The mechanism of injury was not provided. On 03/31/2014, the injured worker presented with pain in the bilateral shoulders, bilateral wrist and hands, bilateral elbows, bilateral knees, and bilateral feet and ankles. Upon examination, there is limited range of motion in the cervical, thoracic, and lumbar spine, and a positive bilateral straight leg raise. The diagnoses were cervical spine sprain/strain, rule out herniated nucleus pulposus; thoracic spine sprain/strain, rule out herniated nucleus pulposus; lumbar spine sprain/strain, rule out herniated nucleus pulposus; bilateral shoulders sprain/strain; and bilateral wrists sprain/strain. Prior therapy included medications. The provider recommended physiotherapy x8 for the back and abdomen, the provider's rationale was not provided. The Request for Authorization form was dated 03/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy sessions x8 for the back/abdomen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The request for physiotherapy sessions times 8 for the back/abdomen is not medically necessary. The California MTUS 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physiotherapy for up to 4 weeks. There was lack of documentation indicating the injured worker's prior course of physiotherapy, and thus the efficacy of the prior therapy. Additionally, injured workers are instructed and expected to continue active therapies at home and there is no significant period to transitioning the injured worker to an independent home exercise program. The included documentation state there is limited range of motion to the lumbar spine; however, there is no measurable deficits noted. As such, the request is not medically necessary.