

Case Number:	CM14-0065157		
Date Assigned:	07/11/2014	Date of Injury:	01/10/2012
Decision Date:	08/13/2014	UR Denial Date:	04/09/2014
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 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 60-year-old male who reported an injury on 01/10/2012. The mechanism of injury was not provided. The diagnoses included lumbago, cervicgia, and shoulder region disorder. Prior therapies included acupuncture and physical therapy. Per the 03/06/2014 re-evaluation, the injured worker reported radiating neck and low back pain. The examination of the lumbar spine noted tenderness upon palpation to the bilateral paravertebral area and spasm in the bilateral paraspinal musculature. The motor exam showed decreased strength of the extensor and flexor muscles in the bilateral lower extremities. The range of motion of the lumbar spine was noted as flexion 40 degrees, extension 10 degrees, left bending 30 degrees, and right bending 30 degrees. Per the 03/18/2014 progress report, the injured worker reported constant low back and right shoulder pain. Objective findings included tenderness at the lumbar spine with spasm in the right shoulder. The provider recommended he continue physical therapy and medications. The request for authorization form for continued physical therapy was submitted on 03/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 (8): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines (Lumbar).

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

Decision rationale: The request for physical therapy 2 x 4 is non-certified. The California MTUS Guidelines recommend 9 to 10 visits of physical therapy for myalgia and myositis with the fading of treatment frequency, plus active self directed home physical medicine. The Guidelines state 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 medical records provided indicate the injured worker received prior physical therapy. There is a lack of documentation to verify the number of sessions completed and functional improvements made. There is also no indication the injured worker planned to participate in a home exercise program. Based on this information, the request for additional physical therapy is not supported. In addition, the submitted request does not specify the site of treatment. As such, the request is not medically necessary.