

Case Number:	CM14-0078170		
Date Assigned:	07/18/2014	Date of Injury:	11/14/2000
Decision Date:	08/25/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/28/2014

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 61-year-old male who reported an injury on 11/14/2000 due to a motor vehicle accident. On 04/11/2014, the injured worker presented with low back pain. Upon examination of the lumbar spine, there was tenderness to palpation over the lumbosacral spine, pain radiating to the bilateral lower extremities, slight bilateral hamstring tightness, and pain with flexion and extension. The diagnoses were lumbar spine degenerative disc disease and lumbar spine spondylosis. Prior treatment included medication and physical therapy. The provider recommended additional physical therapy 2 times a week for 6 weeks to the lumbar however, the provider's rationale was not provided. The request for authorization form was dated 04/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy 2 X 6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 103. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Chapter 6.

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

Decision rationale: The request for additional physical therapy 2 times a week for 6 weeks for the lumbar is not medically necessary. The CA MTUS state that 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 physical therapy for up to 4 weeks. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The amount of physical therapy visits of the injured worker has already completed was not provided. Additionally, injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process. There are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, the request is not medically necessary.