

Case Number:	CM14-0083952		
Date Assigned:	07/21/2014	Date of Injury:	05/26/2006
Decision Date:	08/26/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/04/2014

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 with a reported date of injury of 05/26/2006. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include right shoulder sprain, status post rotator cuff repair, left wrist fracture with residual pain, status post open reduction internal fixation (ORIF), lumbar sprain with status post lumbar fusion and some continued left lower extremity radiculopathy. His previous treatments were noted to include physical therapy, caudal epidural injections, and surgery. The progress note dated 05/12/2014 revealed that the injured worker complained of ongoing pain to his low back, right leg, left posterior thigh, and bilateral feet and left wrist, rated 9/10. The injured worker was informed physical therapy was authorized and was status post a caudal epidural steroid injection (04/18/2014) with significant improvement in back and leg pain (greater than 70%); however, he had a return of pain and was then back to 8/10. The physical examination of the lumbar spine revealed range of motion was restricted, with flexion limited to 20 degrees and extension limited to 25 degrees. Upon palpation, the paravertebral muscles were noted to be tender on both sides and spinous process tenderness was noted on L4-5. The Request for Authorization form was not submitted within the medical records. The request was for 8 additional physical therapy sessions for the lumbar spine; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Physical Therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98-99. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Treatment in Workers' Compensation, 2013, Lumbar PT (Physical Therapy), ODG Physical Therapy Guidelines.

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

Decision rationale: The request for 8 additional physical therapy sessions for the lumbar spine is not medically necessary. The injured worker has received previous physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and 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. Home exercise programs can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for neuralgia, neuritis, and radiculitis 8 to 10 visits over 4 weeks. The most recent progress note reported the injured worker had previously participated in physical therapy; however, there was a lack of documentation regarding the number of sessions completed and quantifiable, objective, functional improvements from previous physical therapy sessions. Therefore, despite the current measurable, objective, functional deficits, due to the lack of documentation regarding quantifiable improvements and the number of previous physical therapy sessions completed, additional physical therapy is not appropriate at this time.