

Case Number:	CM14-0090263		
Date Assigned:	07/23/2014	Date of Injury:	12/29/2006
Decision Date:	09/29/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/16/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

This case involves a 64 year old female with a date of injury of 12/29/2006. Her diagnoses include osteoarthritis of the leg, sprain of neck and shoulder, sprain thoracic region, spinal stenosis, and lumbosacral neuritis. Subjective complaints are of continued severe low back and bilateral leg pain. Physical exam shows left leg antalgic gait, with trace reflexes in the knee and ankles. Sensation is grossly intact, and there is 4/5 left EHL strength. Medications include aspirin, Cyclobenzaprine, Hydrocodone, Hydromorphone, Metformin, Myoflex, and Codeine. Lumbar MRI from 6/3/2013 shows disc herniations. Submitted documentation does not identify the amount or duration of prior conservative treatments for her lumbar complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, PHYSICAL THERAPY.

Decision rationale: The Official Disability Guidelines (ODG) recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy (PT). Regarding lumbar sprains/strains and intervertebral disc disorders, the recommended physical therapy is 10 sessions over 8 weeks. For this patient, records do not indicate the amount of physical therapy or other conservative treatments that have been done since the onset of injury 8 years ago. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial at this point in treatment. Therefore, this request is not medically necessary.