

Case Number:	CM14-0095811		
Date Assigned:	07/25/2014	Date of Injury:	09/10/1994
Decision Date:	08/28/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/24/2014

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 patient is a 59 year old male who sustained an injury on 09/10/1994 when he was pulling a skid pallet jack. Prior treatment history has included an unknown number of physical therapy sessions. There is no documentation providing functional benefit from receiving this therapy. Progress report dated 05/15/2014 indicates the patient complained of low back pain without radiation to lower extremities. He reported his pain increased with bending and activities of daily living. Objective findings on exam revealed tenderness to the lumbar spine with decreased range of motion in flexion. Straight leg raise is negative. Deep tendon reflexes are symmetrical and equal. He is diagnosed with lumbar degenerative disk disease. He has been recommended for physical therapy to the lumbar spine 2x6 weeks to strengthen the lumbar spine as the patient has degenerative disk disease. There are no other progress notes to provide measurable objective findings. Prior utilization review dated 06/04/2014 states the request for Physical Therapy 2 x 6 weeks is not authorized as medical necessity has not been established.

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 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disabilities Guidelines; Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, physical therapy (PT).

Decision rationale: The CA MTUS guidelines and ODG recommends the use of physical therapy when medical necessity has been established. The medical records document that the claimant's injury was on 9/10/94 and there is little medical record documentation to show any in-depth past history, examination, etc. Further, the documents show that there is no clear outcome from the therapy sessions completed to date. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.