

Case Number:	CM13-0037145		
Date Assigned:	12/13/2013	Date of Injury:	01/08/2010
Decision Date:	01/27/2015	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/23/2013

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 Orthopedic Surgery and is licensed to practice in Florida and Georgia. 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 44 year old female with a date of injury as 01/08/2010. The cause of the injury was not included in the documentation received. The current diagnoses include lumbar stenosis. Previous treatments include oral medication, physical therapy, laminectomy and lumbar fusion (date of procedure not known). Physician's report dated 09/11/2013 was included in the documentation submitted for review. It was reported that the injured worker had slipped and fell on 07/04/2013 while shopping, when she was bending over in a store to pick something up. This fall resulted in bruising of the right arm, buttock and back pain. According to the report a CT scan and x-rays were performed, but no reports were included in the documentation submitted. It was further noted that the injured worker had increased pain in her neck and back while cleaning out her mother's house. Physical Examination revealed a diminished grip, slight hyperreflexia, consistent with prior myelopathy. The physician's impression was slip and fall with flare-up of pain. Treatment plan included request for physical therapy, Vicodin, and Motrin. The documentation submitted did not include past physical therapy progress notes or the amount of previous therapy received. The injured worker's work status was not made known. The utilization review performed on 10/01/2013 non-certified a prescription for continued physical therapy times 12 visits to low back based on no subjective benefits from physical therapy or objective improvement documented. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY TIMES TWELVE TO LOW BACK / DENIED BY PHYSICIAN ADVISOR: Upheld

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

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

Decision rationale: The request for continued physical therapy x12 to the lower back is not medically necessary. The California MTUS Guidelines note active 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. The guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines recommend up to 10 visits over 8 weeks for myalgia and myositis unspecified, and up to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. The requested 12 visits would exceed guideline recommendations. The clinical documentation did not include a detailed assessment of the injured worker's current functional condition, including range of motion and motor strength, which would support the request for physical therapy. There was a lack of documentation indicating whether the injured worker had physical therapy previously, with documentation including the number of sessions completed and evidence of significant objective functional improvement with any prior physical therapy. Due to the lack of pertinent information and requested number of visits, the request is not medically necessary.