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| Case Number: | CM13-0058948 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 07/26/2013 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 10/28/2013 |
| Priority: | Standard | Application Received: | 11/27/2013 |

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 Internal Medicine 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 injured worker (IW) is a 54-year-old woman with a date of injury of July 26, 2013. The mechanism of injury occurred when 4 boxes, weighting 36 pounds each, fell on the injured worker's back while working inside a cooler room. The IW has been diagnosed with back contusion. Pursuant to the progress note dated September 10, 2013, the IW complains of pain and stiffness over the neck, upper back and lower back with radicular symptoms to the left upper and lower extremities. Examination of the cervical-thoracic spine reveals positive Spurling's testing. There is tenderness over the paracervical trapezius. Examination of the thoraco-lumbosacral spine reveals parathoracic and paralumbar muscles are non-tender. Deep tendon reflexes are intact bilaterally at the knees and ankles. Current medications include Ibuprofen 200mg, Flexeril 10mg, Vicodin 5/325mg and BioFreeze muscle gel. According to the September 10, 2013 progress note, IW has completed 12 physical therapy sessions and reports it is helping with pain control. She is participating in a home exercise program. There is no documentation of objective functional improvement associated with prior physical therapy. The current request is for physical therapy 2 times a week for 3 weeks (6 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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 Section, Physical Therapy

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy times six; retrospective per request October 24, 2013 is not medically necessary. Patients should be formally assessed after his six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The frequency and duration of physical therapy is enumerated in the Official Disability Guidelines based on disease state. In this case, date of injury is July 26, 2013. The chief complaint was left low back pain and left anterior thigh pain. Physical examination showed palpation tenderness over the left L3 - L5 areas and left T3 - T7 area. Range of motion in the cervical spine was limited in range of motion in before: thoracolumbar spine was limited. There was no neurological evaluation performed. The assessment was contusion back. Modalities of treatment were enumerated on page 2 of the July 31, 2013 charting note. They include electric muscle stimulation (EMS) with ice to low back and upper for 15 minutes; therapeutic exercise sitting knee to chest stretch, shoulder rolls and cervical AROM. A second progress note dated September 10, 2013 indicated the injured worker completed a total of 12 physical therapy visits and reports it is helping with pain control, function and learning home exercises. There is no documentation indicating objective functional improvement with each physical therapy visit. The documentation indicates PT is helping with pain control, function and learning home exercises. The guidelines indicate a six visit clinical trial followed by a formal assessment is indicated prior to additional physical therapy. There is no documentation to support a second set of six physical therapy visits based on documentation in the medical record. Consequently, absent the appropriate clinical documentation with objective functional improvement (per the guidelines), six physical therapy sessions, retrospective October 24, 2013 is not medically necessary.