

Case Number:	CM14-0187283		
Date Assigned:	11/17/2014	Date of Injury:	01/11/2014
Decision Date:	01/06/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/10/2014

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 injured worker is a 57-year-old female who reported an injury on 01/11/2014. Mechanism of injury was not submitted for review. Injured worker has diagnoses of healed left third/fifth metatarsal fracture, lumbago, post-traumatic stress disorder, left elbow pain, left shoulder pain, lumbar spine degenerative disc disease and L2-3, L3-4 grade 1 retrolisthesis. Past medical treatment consists of physical therapy, psychiatric counseling, lumbar core strengthening program, and medication therapy. Medications consist of gabapentin 300 mg, Nabumetone 750 mg, duloxetine 60 mg and Klonopin 5 mg. Diagnostics include radiographic evaluation of the lumbar spine which demonstrates a slight left thoracic lumbar scoliosis. There were noted to be degenerative changes anteriorly at L1-2, L2-3, and calcification of the anterior longitudinal ligament at L3-4, moderate narrowing of the L5-S1 disc space. There was grade 1 retrolisthesis at L2-3, and L3-4. Views of both feet showed healed fifth metatarsal fracture. There was a hint that there had been a third metatarsal fracture but had healed. On 10/28/2014 the injured worker complained of back pain and bilateral lower extremity pain. Physical examination of the cervical spine revealed tenderness diffusely in the cervical spine but no spasm. There was a cervical flexion of 35 degrees, extension 25 degrees, right and left lateral rotation 20 degrees, and right and left lateral tilt 20 degrees with pain reported to each limit. Examination of thoracic spine revealed tenderness diffusely but no spasm. Thoracic rotation to the right and left was 70 degrees with low back pain. Lumbar spine also had diffuse tenderness but no spasm. Bilateral sciatic notches were tender but no spasm in either buttock. Flexion performed slowly brought fingertips to the level of the distal tibia, extension 10 degrees, right and left lateral tilt 10 degrees with pain. Injured worker had an intact motor and sensation to light touch upper extremities. Lower extremities showed hypoesthesia to pinprick and light touch in both feet, lateral aspect right lower leg. Motor strength showed breakaway weakness at the right and left dorsiflexors of

ankle, hallux, and minor toes. Straight leg raise and Lasegue's negative bilaterally. Medical treatment plan is for the injured worker to have additional physical therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x12 visits: Upheld

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

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

Decision rationale: The request for physical therapy x12 visits is not medically necessary. The California MTUS state that 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 alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise of task. Patients are instructed and expected to continue activities at home as an extension of the treatment process in order to maintain improvement levels. The submitted documentation lacked any indication of outcome of the injured worker's prior course of physical therapy, as well as efficacy of prior conservative treatment. The guidelines recommend up to 10 visits of physical therapy. It was noted in the submitted documentation that the injured worker already had a total of 32 physical therapy visits. Additionally, the request as submitted did not indicate what extremity was going to be receiving the physical therapy. Given the above, the injured worker is not within MTUS recommended guidelines criteria. As such, the request for physical therapy x12 visits is not medically necessary.