

Case Number:	CM14-0207495		
Date Assigned:	12/19/2014	Date of Injury:	02/26/2014
Decision Date:	02/13/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of February 26, 2014. A utilization review determination dated December 1, 2014 recommends modified certification for physical therapy of the lumbar spine. Modified certification was recommended since the patient has previously undergone 6 physical therapy sessions. A therapy note dated December 9, 2014 indicates that the patient has undergone 3 therapy visits and has learned a home exercise program. A physical therapy note dated November 21, 2014 indicates that the patient has undergone 6 physical therapy visits. A progress report dated September 23, 2014 identifies subjective complaints of localized left knee pain. The patient also has low back pain. Physical examination reveals tenderness on the right side of the lumbar spine. Diagnoses include lumbar strain. The treatment plan recommends physical therapy, MRI, and possible lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week times 6 weeks (12 sessions), low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Physical Therapy (PT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective

Decision rationale: Regarding the request for additional physical therapy, the Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The ODG has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. The ODG recommends 10 therapy visits for the treatment of lumbar sprain/strain, intervertebral disc disorders, and radiculopathy. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.