

Case Number:	CM14-0044592		
Date Assigned:	07/02/2014	Date of Injury:	11/09/2012
Decision Date:	01/02/2015	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/11/2014

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 & 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 30-year-old female who reported an injury on 11/09/2012. The mechanism of injury was reportedly when she was hit by a coworker as he bumped into the injured worker and a piece of metal hit the her. Her diagnoses include lumbosacral sprain/strain, thoracic sprain/strain, annular tear L4-5, and disc bulge L5-S1. Past treatments were noted to include medications and 5 sessions of physical therapy. On 02/26/2014, it was noted the injured worker had pain to her lower back. Upon physical examination, it was noted her motor strength was intact and her range of motion to her lumbar spine measured flexion 40 degrees and extension at 20 degrees. Quantitative objective findings were not included for her thoracic spine. Relevant medications were noted to include Tylenol. The treatment plan was noted to include Tylenol and physical therapy. A request was received for Physical Therapy 2xwk x 6wks, Lumbar and Thoracic spine (12) to help control her pain. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x 6wks, Lumbar and Thoracic spine (12): 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 Low Back

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

Decision rationale: The request for Physical Therapy 2xwk x 6wks, Lumbar and Thoracic spine (12) is not medically necessary. According to the California MTUS Guidelines, physical therapy is recommended to improve function such as motor strength and range of motion. It was noted the injured worker had decreased range of motion to her lumbar spine. It was also noted that the injured worker had participated in 5 sessions of physical therapy; however, the improvement she made, or lack thereof, was not outlined in the clinical documentation. Additionally, the request exceeds the guideline recommended duration of treatment of 10 visits. In the absence of documentation notating her previous physical therapy sessions, and as the request exceeds the guideline recommended duration of treatment, the request is not supported by the evidence based guidelines. As such, the request for Physical Therapy 2xwk x 6wks, Lumbar and Thoracic spine (12) is not medically necessary.