

Case Number:	CM14-0076223		
Date Assigned:	07/16/2014	Date of Injury:	06/08/2003
Decision Date:	01/05/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/22/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 53 year old female with a work related injury dated 6/8/03. The diagnoses include lumbar sprain/strain. Under consideration are requests for physical therapy two (2) times a week for six (6) weeks for the lumbar spine. Prior treatment includes aquatic therapy, physical therapy, TENS, medication management, and icing. Per the 02/28/14 Physical Therapy Reevaluation Report, she has completed seven visits of therapy. The lumbar range of motion was full in all planes. A 4/3/14 office visit states that the patient has low back pain graded as 3/10 on VAS associated with numbness and tingling sensation. The pain is constant, lasting throughout the day. It is exacerbated by fatigue, lifting, lying down, rolling in bed, stress, and weather changes. It is relieved by heat, massage, medicines and ice. Associated symptoms include numbness and tingling, headaches and swelling. The patient reports difficulty sleeping due to pain and spasms. She feels that her ability to sleep has improved since her last visit. Overall, the patient reports that her symptoms have improved since her last visit. Lumbar examination showed an antalgic gait, trigger points, left hip flexion is 4/5, right hip flexion is 4/5, left knee extension is 3/5, right knee extension is 4/5, left ankle dorsiflexion is 4/5, and right ankle dorsiflexion is 4/5. Paresthesias to light touch noted in the lateral thighs and calves. Reflexes are 1+4 in the bilateral upper and lower extremities. Gait is antalgic on the left. There is a request for additional physical therapy. A 4/28/14 office visit states that she has ongoing issues with pain and swelling in her lower extremities and instability of the left knee along with pain and swelling in the ankles her gait instability has been aggravating the integrity of her lumbosacral spine, leading to increased stress on the SI joints, particularly with standing and walking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for six (6) weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Low Back; Physical Therapy, Physical Therapy Guidelines

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

Decision rationale: Physical Therapy two (2) times a week for six (6) weeks for the lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that up to 10 visits may be appropriate for this condition. The documentation indicates that the patient has already had 7 visits. She should be versed in a home exercise program. There are no extenuating circumstances that would require an additional 12 supervised therapy visits. Therefore, the request for additional lumbar physical therapy is not medically necessary.