

Case Number:	CM14-0096589		
Date Assigned:	09/15/2014	Date of Injury:	03/07/2011
Decision Date:	03/30/2015	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old male who reported a repetitive strain injury on 03/07/2011. The current diagnoses include low back pain and sciatica. The latest physician progress report submitted for review was documented on 05/01/2014. The injured worker presented for an initial comprehensive orthopedic evaluation. The injured worker noted 8/10 pain in the lower back with radiation into the left lower extremity. Upon examination, there was increased pain with range of motion (greater with extension), decreased sensation in the left S1 and L4 distribution, and negative straight leg raise. X-rays obtained in the office revealed a slight rotation of the L4 level relative to L3 and L5. There was a loss of interpedicular distance from L4 to S1 on the left compared to the right. The injured worker was referred for an initial course of physical therapy twice per week for 6 weeks. A Request for Authorization form was then submitted on 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

Decision rationale: The California MTUS Guidelines state 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 can alleviate discomfort. For unspecified myalgia and myositis, treatment includes 9 to 10 visits over 8 weeks. Treatment for unspecified neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 12 sessions of physical therapy would exceed guideline recommendations. Additionally, there was no specific body part listed in the request. As such, the request is not medically appropriate.