

Case Number:	CM15-0008924		
Date Assigned:	01/26/2015	Date of Injury:	09/12/2014
Decision Date:	03/25/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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

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 71-year-old female who reported injury on 09/12/2014. Diagnosis included sprain of the lumbar region. The injured worker was noted to undergo 12 sessions of physical therapy for the low back, left shoulder, and left hip previously. The mechanism of injury was the injured worker was cleaning out a closet and knocked over a box of papers and slipped on them. The documentation of 11/12/2014 revealed the injured worker had complaints of shooting sensation in the lumbar spine. The injured worker indicated she felt better with physical therapy. Physical examination of the lumbar spine revealed the injured worker had a normal gait pattern and heel and toe ambulation caused no increase in back pain. The injured worker had tenderness to palpation over the lumbar paraspinals and over the quadratus lumborum. The injured worker had decreased range of motion limited by pain. The injured worker had sensation and motor strength as well as deep tendon reflexes intact in the bilateral lower extremities. The diagnoses included lumbar strain and quadratus lumborum strain, as well as ligament and muscle strain and spasm. The treatment plan included the injured worker had completed physical therapy time, rest, and medication with a 40% alleviation of pain for the shoulder and lumbar spine and the injured worker would be referred back to physical therapy 2 times a week for 3 weeks to progress the care and to alleviate the residual symptoms. The injured worker was utilizing a home exercise program and medications. The medication provided was noted to be Voltaren gel. The subsequent documentation dated 01/07/2015 was an appeal examination and it was noted the request was made for an appeal for physical therapy as the injured worker had increased walking 2 times and was able to walk longer than she did

before, and was taking no medications; however, now the injured worker was taking medications and had limited range of motion and limitations to walking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy three (3) times a week times three (3) weeks to the low back:
Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for up to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had 12 visits of therapy. The documentation further indicated the injured worker was utilizing a home exercise program. It was noted the injured worker had increased her walking "two times" and had no need for pain medications. However, 9 sessions would exceed guideline recommendations. Given the above, the request for outpatient physical therapy 3 times a week times 3 weeks to the low back is not medically necessary.