

Case Number:	CM15-0017053		
Date Assigned:	02/03/2015	Date of Injury:	12/28/1995
Decision Date:	04/07/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/27/2015

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: Pennsylvania, Ohio, 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 64 year old male, who sustained an industrial injury on December 28, 1995. He has reported a low back injury. The diagnoses have included lumbosacral sprain and strain. Treatment to date has included medications, and chiropractic treatment. Currently, the IW complains of continued back pain. He rated his pain as 2-3, and indicates in the morning his pain feels up to 7/10. Physical findings indicate he has pain and restriction of range of motion of the lumbar spine. The records indicate he ambulates without assistive devices. The records indicate he does not have a home exercise program. On January 15, 2015, Utilization Review non-certified physical therapy session for the lumbar spine, as an outpatient (no frequency or duration given), based on ACOEM guidelines. On January 16, 2015, the injured worker submitted an application for IMR for review of physical therapy session for the lumbar spine, as an outpatient (no frequency or duration given).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Physical therapy sessions for lumbar spine, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program; it is unclear why this patient would not have been previously instructed in a home rehabilitation program and thus additional supervised therapy is not medically necessary. Additionally, to the extent additional physical therapy might be supported by the guidelines, it would be necessary for the requesting physician to state a frequency and duration of proposed therapy; without such clarification at this time, the request is additionally not medically necessary for this reason.