

Case Number:	CM15-0167076		
Date Assigned:	09/04/2015	Date of Injury:	09/27/2007
Decision Date:	10/14/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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 52 year old male, who sustained an industrial injury on 9-27-2007. He reported being electrocuted and falling, injuring his low back. Diagnoses have included lumbar spine sprain-strain, secondary to herniated lumbar disc with L5 radiculopathy. Treatment to date has included therapy, magnetic resonance imaging (MRI) and medication. According to the progress report dated 7-24-2015, the injured worker complained of low back pain with radicular symptoms into the right and left leg. He complained of pain in the left knee and difficulty walking on uneven terrain. He also complained of pain in the left foot-ankle aggravated with prolonged walking. Exam of the lumbar spine revealed tightness and spasm in the lumbar paraspinal musculature bilaterally. Straight leg raise was positive bilaterally. Exam of the left knee revealed medial joint line tenderness. There was tightness and spasm in the trapezius and sternocleidomastoid. Authorization was requested for physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy qty: 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.