

Case Number:	CM15-0195062		
Date Assigned:	10/08/2015	Date of Injury:	11/24/2014
Decision Date:	11/24/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/05/2015

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 44 year old male, who sustained an industrial injury on 11-24-2014. The injured worker is being treated for lumbar strain, lumbosacral radiculopathy and low back pain. Treatment to date has included chiropractic care, TENS, medications including NSAIDs, and 14 visits of prior physical therapy. Per the Primary Treating Physician's Progress Report dated 9-10-2015, the injured worker reported bilateral low back pain and discomfort. Objective findings included tenderness of lumbar paraspinals bilaterally with spasm. On 7-14-2015, 8 additional visits of physical therapy were requested. Per the medical records dated 7-14-2015 to 9-10-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to physical therapy. Work status was modified. The plan of care included modified duty at work and activity restriction at home. Authorization was requested on 9-11-2015 for 6 (2x3) additional sessions of physical therapy, Ibuprofen 600mg #80 and Norco 5-325mg #30. On 9-18-2015, Utilization Review modified the request for 6 sessions of additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy qty: 6: 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.