

Case Number:	CM15-0088162		
Date Assigned:	05/12/2015	Date of Injury:	02/18/2014
Decision Date:	06/12/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 32 year old male who sustained an industrial injury on 02/18/2014. Current diagnosis includes low back pain. Previous treatments included medication management, acupuncture, and physical therapy. Report dated 02/18/2015 noted that the injured worker presented with complaints that included low back pain. It was noted that he is working full-time and that pain is better, and would like to continue with therapy. Pain level was not included. Physical examination did not reveal any abnormalities. The treatment plan included request for more physical therapy, and request for functional capacity evaluation. Report dated 03/11/2015 notes that the injured worker has had prior physical therapy and has had improved range of motion and flexibility. It was also noted that the injured working is lacking activity tolerance due to continued pain in the lower lumbar spine, and that maximum improvement has not been reached in regards to strength and flexibility. Disputed treatments include physical therapy two times a week times six weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week times six weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for low back pain. Treatments have included physical therapy with recent treatments reported as helpful. A therapy progress note dated 02/17/15 documents a normal examination. When seen by the requesting provider, there was also a normal examination and he was working without restrictions. In this case, the claimant has already had physical therapy. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments and would not be needed to finalize the claimant's home program. The request is not medically necessary.