

Case Number:	CM13-0040692		
Date Assigned:	12/20/2013	Date of Injury:	04/26/2013
Decision Date:	02/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in physical medicine and rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 34-year-old male who reported a work-related injury on 04/26/2013. The patient's diagnoses include lumbar disc bulge with left lower extremity radicular pain and numbness and post-traumatic stress disorder. Subjectively, the patient reported improvement in his lumbar spine pain from a 5/10 to a 1/10. Objectively, the patient had limited range of motion, tenderness to palpation, positive Kemp's, positive straight leg raise, and 2+ deep tendon reflexes bilaterally. The physical therapy progress note documented subjective reports by the patient of feeling great and a pain rating of 3/10. The physical therapy assessment documented that the patient was able to perform exercises with minimal to moderate verbal cues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: CA MTUS Guidelines for physical medicine state that "active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort, and that

patients are instructed in and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The clinical provided for review indicates the patient completed 10 sessions of physical therapy, but there is lack of documentation beyond the initial 6 sessions. Additionally, there is lack of objective documentation of decreased strength, endurance, function, or discomfort to warrant further physical therapy. Furthermore, there is no indication why the patient would continue to require formal physical therapy when a home exercise program should have been instructed and should be utilized for continued functional gains and pain reduction. As such, the request for physical therapy 2 times a week for 6 weeks is non-certified.