

Case Number:	CM14-0105628		
Date Assigned:	07/30/2014	Date of Injury:	04/15/2012
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/08/2014

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. The expert 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 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/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 injured worker is a 29-year-old female who reported an injury due to repetitive motion on 04/15/2012. The clinical note dated 06/03/2014 indicated diagnoses of strain, cervical; strain lumbosacral; and DeQuervain's, right hand/wrist. The injured worker reported no change in pain since the last appointment of the cervical spine. The injured worker rated her pain at a 3/10 to an 8/10 depending on activity level. The injured worker reported a flare up in the lumbar spine since her last visit and rated her pain of the lumbar spine at a 6/10 to an 8/10 to the paraspinal muscles and low back. The injured worker reported that she had an EMG/NCV done on 04/01/2014. The injured worker reported that she previously had tried physical therapy, chiropractic therapy, a first dorsal compartment injection and had an MRI of the cervical spine. On physical exam, the injured worker had decreased sensation to the left C6-7. The injured worker's treatment plan included a request for physical therapy of the lumbar spine and medication refills. The injured worker's prior treatments included diagnostic imaging, physical therapy, injections, and medication management. The injured worker's medication regimen included Flexeril and Ibuprofen. The provider submitted a request for Physical Therapy to the Lumbar Spine. A Request for Authorization was not submitted for review to include the date that the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy to lumbar spine two times a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The request for Physical Therapy to Lumbar Spine two times a week for three weeks is not medically necessary. The California MTUS states 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy and the amount of sessions of physical therapy that had already been completed to warrant additional physical therapy. In addition, there is a lack of documentation, including an adequate and complete physical exam demonstrating that the injured worker has decreased functional ability, decreased range of motion and decreased strength or flexibility. Therefore, the request for physical therapy is not medically necessary.