

Case Number:	CM14-0109135		
Date Assigned:	08/01/2014	Date of Injury:	11/02/2005
Decision Date:	10/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 62-year-old who reported an injury on November 2, 2005. The mechanism of injury was not provided. On July 9, 2014 the injured worker presented with pain to the left spine. Upon examination there was restricted range of motion of the lumbar spine and symmetric deep tendon reflexes in the knees and ankles. There was paraspinal tenderness and a positive bilateral straight leg raise. The diagnoses were sprain/strain of the lumbar region and lumbago. Prior therapy included physical therapy. The provider recommended physical therapy 2 times a week for 3 weeks for the lumbar spine. The provider's rationale was not provided. The Request for Authorization form was dated March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, twice weekly for three weeks: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process to maintain improvement levels. The guidelines recommend 10 visits of physical therapy for up to four weeks. There was lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The amount of physical therapy visits the injured worker already completed was not provided. There are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, the request for physical therapy for the lumbar spine, twice weekly for three weeks, is not medically necessary or appropriate.