

Case Number:	CM14-0115302		
Date Assigned:	09/18/2014	Date of Injury:	08/21/2011
Decision Date:	10/16/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/21/2014

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 Orthopedic Surgery, 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 claimant is a 57 year old female who sustained a low back injury in work-related accident on 08/21/11. The specific request for this review is regarding the additional physical therapy. The documentation provide for review indicates that the claimant has received greater than 90 sessions of physical therapy since the time of work-related claim. The medical records documented that the claimant's major complaint following the injury was neck pain and that he subsequently underwent an anterior cervical discectomy and fusion on 08/28/13. There is no documentation of lumbar surgery in the records. The 06/05/14 progress report noted ongoing neck complaints as well as low back pain radiating to the right leg with stiffness and tingling. There is no documentation of physical examination findings on that date. There is also no documentation of any lumbar imaging reports available for review. Based on the claimant's clinical assessment on 06/05/14 with continued low back pain, the recommendation was made for 12 additional sessions of physical therapy. There was no documentation of other physical examination findings, imaging reports, documentation of treatment, complaints, or diagnosis related to the claimant's lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 and 99, Postsurgical Treatment Guidelines Page(s): 26.

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for an additional twelve sessions of physical therapy cannot be supported as medically necessary. The medical records document that the claimant had undergone 90 sessions of physical therapy over the past three years since the time of injury. At present there are no acute physical examination findings of the lumbar spine, imaging results or clinical complaints that would support the need for further formal physical therapy. According to the Chronic Pain Guidelines, physical therapy can be utilized in the chronic setting for acute symptomatic findings. However, the claimant's clinical presentation shows no evidence as to why he would not be capable of advancing to a home exercise program at this time. Therefore, the request for Physical Therapy in this case would not be supported as medically necessary.