

Case Number:	CM14-0121319		
Date Assigned:	09/16/2014	Date of Injury:	07/12/2012
Decision Date:	10/24/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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 Internal Medicine 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 46-year-old female who reported a date of injury of 07/12/2012. The mechanism of injury was reported as a fall. The injured worker had diagnoses of lumbosacral radiculopathy and sprains and strains of lumbar region. Prior treatments included lumbar epidural injection, work hardening program, physical therapy, chiropractic treatment, therapeutic modalities, and muscular strengthening exercises. Diagnostic studies and surgeries were not indicated within the medical records provided. The injured worker had complaints of chronic pain in her lumbar spine with radiation to the lower extremities bilaterally, more so on the right side. The clinical note dated 07/12/2012 noted tenderness to palpation and spasm of the paravertebral muscles of the lumbar spine, decreased sensations in the L4, L5, and S1 right dermatomal distributions with pain. Medications were not indicated within the medical records provided. The treatment plan included the physician's recommendation for an updated electrodiagnostic study of the lower extremities to rule out peripheral nerve entrapment disorder which appeared medically appropriate. The rationale and request for authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY; TWELVE (12) SESSIONS (3X4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN TREATMENT FOR PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Work conditioning, work hardening, Page(s): 98-99. 125..

Decision rationale: The request for physical therapy; 12 sessions (3x4) is not medically necessary. The injured worker had complaints of chronic pain in her lumbar spine with radiation to the lower extremities bilaterally, more so on the right side. The California MTUS Guidelines recommend physical therapy as an active therapy 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process ordered to maintain improvement levels. The guidelines recommend 10 visits over 8 weeks, allowing for fading of treatment frequency from up to 3 or more visits per week to 1 or less, plus active self-directed home physical therapy. The guidelines state upon completion of a rehabilitation program such as work hardening, work conditioning, outpatient medical rehabilitation neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. The injured worker is noted to have completed prior physical therapy; however, there is a lack of documentation indicating the injured worker had functional gains and benefits from the prior physical therapy to warrant an additional 12 sessions of physical therapy. Furthermore, the guidelines recommend 10 visits over 8 weeks for sprains and strains of the lumbar region. The request for 12 additional sessions of physical therapy would exceed the recommended guidelines of 10 sessions. Additionally, the injured worker is noted to have completed a work hardening program for which the guidelines indicate neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. As such, the request is not medically necessary.