

Case Number:	CM14-0122678		
Date Assigned:	09/16/2014	Date of Injury:	11/10/2010
Decision Date:	10/22/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/04/2014

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 52-year-old male who was reportedly injured on 11/10/2010. The last progress report dated 07/07/2014 noted complaints of lumbar spine with tightness on the left greater than the right. The injured worker had some inflammatory symptomatology in the posterior lumbar region. On examination, the injured worker had forward flexion 20 degrees, extension 20 degrees, tilt to the right and left 10 degrees. Sciatica and stretch signs were negative. Knee range of motion was intact. Neurologically, the injured was unremarkable. Diagnoses included lumbar strain, lumbar riculopathy, lumbar disc protrusion at L4-L5 and L5-S1 and status post posterior lumbar interbody fusion L4-L5 and L5-S1. The injured worker has completed 8 sessions of aquatic therapy. An unknown number of physical therapy to the lumbar and thoracic spine noted. A request was made for land therapy lumbar spine 12 visits and was not certified on 01/21/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Land Therapy Lumbar Spine 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES- PHYSICAL THERAPY GUIDELINES

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

Decision rationale: As per CA MTUS guidelines, physical medicine 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. The guidelines recommend 9 PT visits over 8 weeks for Intervertebral disc disorders without myelopathy, and 16 - 34 PT visits over 8 to 16 weeks for post-surgical treatment of lumbar discectomy/laminectomy and fusion. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the IW has had 8 aqua therapy visits and unknown numbers of PT; however there is no record therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is not medically necessary.