

Case Number:	CM14-0133129		
Date Assigned:	08/22/2014	Date of Injury:	10/29/2013
Decision Date:	09/25/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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 Illinois. 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 39-year-old male who reported an injury on 10/29/2013. The mechanism of injury was not provided. On 03/24/2014, the injured worker presented with complaints related to the right shoulder and back. An MRI of the lumbar spine dated 01/10/2014 noted L2-5 disc bulge which mildly impressed on the thecal sac as well as bilateral facet arthrosis and moderate bilateral neural foraminal narrowing. There was also at L5-S1 a 7.9 mm circumferential disc bulge which produced moderate spinal canal narrowing, bilateral facet arthrosis, and marked bilateral neural foraminal narrowing. The diagnoses were sprain/strain, tendinitis, and impingement of the left shoulder; moderate to severe multilevel lumbar disc disease with 3.8 mm disc protrusion at L2-3, L3-4, and L4-5 and an 8 mm disc protrusion at L5-S1 per the 01/10/2014 MRI; and internal derangement of the left knee. There was no physical examination presented at the time of this visit. The provider recommended physical therapy 3 times a week for 6 weeks for the thoracic and lumbar spine with a quantity of 18; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x WK x6 Wks thoracic and lumbar spine QTY:18: Upheld

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

based on Non-MTUS Citation ODG (Official Disability Guidelines)Low Back -Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The request for physical therapy 3 times a week times 6 weeks for the thoracic and lumbar spine with a quantity of 18 is not medically necessary. The California MTUS 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 in order to maintain improvement levels. There was a lack of documentation indicating the injured workers prior course of physical therapy as well as the efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy. The amount of physical therapy visits that have already been completed for the right knee is unclear. 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. Therefore, the request is not medically necessary.