

Case Number:	CM14-0136338		
Date Assigned:	09/03/2014	Date of Injury:	09/04/2013
Decision Date:	09/29/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/25/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 9/4/13. A utilization review determination dated 8/18/14 recommends non-certification of physical therapy (PT). 7/24/14 medical report identifies that the patient brought in copies of the magnetic resonance imaging (MRI) from 11/13 showing major disc herniation. Recommendation was to start therapy to reduce her symptoms. No specific symptoms or findings were noted. 6/12/14 medical report identifies severe low back pain radiating down the right leg 10/10 with numbness and tingling in the legs. She had some PT, chiropractic, and trigger point injections. She has been experiencing some incontinence at times and vomiting when having severe pain. On exam, there is tenderness, limited range of motion (ROM), sensation decreased right L3 and L4, positive straight leg rise (SLR) on the right, and weakness in the right hand with extension and flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 lumbar and thoracic: 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 98-99 of 127 Page(s): Physical Medicine.

Decision rationale: Regarding the request for physical therapy, California Medical Treatment Utilization Schedule (MTUS) supports up to 10 sessions and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior physical therapy (PT) sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the California (MTUS) and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.