

Case Number:	CM14-0140098		
Date Assigned:	09/08/2014	Date of Injury:	11/20/2013
Decision Date:	10/10/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/29/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 44-year-old female who reported an injury on 11/20/2013. The mechanism of injury was not provided. On 08/06/2014, the injured worker presented with neck pain, myositis and low back pain. Upon examination the injured worker had a wide stance with gait and limited hip flexion and extension with reduced cadence, and lumbar spine with stiff guarded movements. There was tenderness noted over the spinous process at L1 and sacral promontory and the L1 through S1, the iliolumbar region, gluteus maximus, gluteus medius as well as sciatic nerve. The range of motion values for lumbar spine were 25 degrees left lateral flexion, 30 degrees of right lateral flexion, 40 degrees of flexion, and 5 degrees of extension. Examination of the cervical spine revealed 30 degrees of side bending to the right, 30 degrees of side bending to the left, 30 degrees of left rotation, 30 degrees of right rotation, and 40 degrees of flexion. Diagnoses were low back pain, neck pain, and myositis. Prior treatment included physical therapy and medications. The provider recommended physical therapy 2 times a week for 4 weeks for the neck and low back. 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 2 times a week for 4 weeks for Neck and Low Back: 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 Physical Medicine Page(s): 98.

Decision rationale: The request for Physical Therapy 2times a week for 4 weeks for Neck and Low Back 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. The injured workers are expected and instructed to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Therefore, the documentation of the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. Additionally, the amount of physical therapy visits the injured worker underwent was not provided. There is no significant period of transitioning the injured worker to an independent home exercise program. As such, medical necessity has not been established.