

Case Number:	CM14-0142133		
Date Assigned:	09/10/2014	Date of Injury:	08/08/2011
Decision Date:	10/10/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/02/2014

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, has a subspecialty in Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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 40-year-old female who reported an injury on 08/08/2011. She was reportedly climbing down a ladder and slipped with injury to her back and right ankle. On 07/24/2014, the injured worker presented with increased back pain and ongoing issues with the right knee. The injured worker's surgical history included a back surgery in 02/2010 and L5 revision laminectomy on 08/19/2013. Upon examination there was effusion to the right knee with mild positive anterior drawer. There was significant tenderness along the medial joint line. There was pain with range of motion of the knee. There was crepitus at the patellofemoral and significant tenderness to palpation of the lumbar spine in vicinity of the incision. There was a positive straight leg raise to the right. There was ongoing paresthesia and limited sensation along the L5 distribution to the right. The diagnoses were lumbar disc disorder with myelopathy, lumbar herniated disc and knee pain. Prior therapy included surgery and medications. The provider recommended physical therapy to the lumbar. The provider's rationale was not provided. The Request for Authorization form was dated 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for physical therapy lumbar is not medically necessary. The California MTUS states 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 to maintain improvement levels. There was lack of documentation indicating the injured worker's 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 physical therapy visits that the injured worker already underwent was not provided. There are no significant barriers to transitioning the injured worker to an independent home exercise program. Additionally, the provider's request does not indicate the amount of physical therapy sessions or the frequency of those in the request as submitted. As such, medical necessity has not been established.