

Case Number:	CM14-0143916		
Date Assigned:	09/12/2014	Date of Injury:	07/12/2013
Decision Date:	10/10/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/05/2014

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, Geriatric Medicine, and is licensed to practice in 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 woman with a date of injury of 7/12/13. She was seen by her primary treating physician on 8/22/14 with complaints of numbness in her back and left thigh. She was wearing a corset and found 3/8 physical therapy visits 'somewhat helpful for short periods'. Her medications included ketoprofen topical compound, Relafen and norco. Her physical exam showed tenderness over L5-S1 midline and to the right of midline with moderately increased tone. Her lumbar range of motion was forward flexion to her knees, extension to 5 degrees and lateral flexion to 10 degrees. Her sensation, motor exam and strength were normal in her extremities. Her diagnosis was degenerative disc disease - severe L5-S1 lumbar spine. At issue in this review is for PT of the lumbar spine 2x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X3, LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines 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 injured worker, physical therapy has already been used as a modality and a self-directed home exercise program should be in place. She is only finding the physical therapy visits 'somewhat helpful for short periods'. The records do not support the medical necessity for 2x3 physical therapy visits for the lumbar spine in this injured worker.