

Case Number:	CM14-0146781		
Date Assigned:	09/12/2014	Date of Injury:	07/18/2010
Decision Date:	10/15/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/09/2014

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 Maryland. 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 patient is a 59 year old female with a work injury dated 7/18/10. The diagnoses include lumbar disc disease. Under consideration is a request for physical therapy for lumbar spine (lower back), one time a week for six weeks. There is a primary treating physician report dated 6/27/14 that states that the patient complains of constant moderate to 7/10 dull sharp, occasional burning, low back pain with numbness, tingling and muscle spasms. In the bilateral hip the patient complains of constant severe sharp 8/10 bilateral hip pain and stiffness, aggravated by movement. On exam there is no bruising, swelling, atrophy, or lesion present at the lumbar spine. There is tenderness; to palpation of the bilateral SI joints and lumbar paravertebral muscles, There is muscle spasm of the bilateral gluteus and lumbar paravertebral muscles. Nachlas is positive. There is 5/5 bilateral hip muscle strength and a positive FABERE test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Lumbar Spine (lower back), One Time A Week for Six Weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

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

Decision rationale: Physical therapy for lumbar spine (lower back), one time a week for six weeks is not medically necessary per the MTUS Guidelines. The guidelines 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It is unclear from the documentation submitted and a work injury dating to 2010 how much physical therapy the patient has already had. The MTUS guidelines recommend up to 10 visits for the patient's condition. The recent physical exam does not reveal findings requiring a supervised physical therapy program. The patient has full lumbar range of motion. The request for Physical therapy for lumbar spine (lower back), one time a week for six weeks is not medically necessary.