

Case Number:	CM14-0156816		
Date Assigned:	09/26/2014	Date of Injury:	02/28/2014
Decision Date:	10/27/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/24/2014

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 Interventional Spine 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:

The patient is a 23-year-old male with a date of injury of 02/28/2014. The listed diagnoses per [REDACTED] are: 1.Lumbar spine sprain/strain.2.Discogenic low back pain.3. Lumbar spine musculoligamentous injury without discopathy.4.Left knee sprain.5.Left knee patellar tendinitis.6.Left knee quadriceps atrophy.Treatment reports from 04/07/2014 through 09/03/2014 were reviewed. According to progress report 09/03/2014, the patient presents with persistent low back pain. The provider states that the low back pain stays localized and is nonradicular. It was noted that in physical therapy stretching is helping Examination revealed on palpation tenderness to the left lower lumbar paraspinals. There was a decreased range of motion with flexion and extension. Seated straight leg raise is negative.Request for authorization from 09/03/2014 states the patient is totally temporarily disabled and remains off work. The provider is requesting physical therapy continue 2 x 6. Utilization review denied the request on 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 6wks lower back 97001, 97010-97540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: This patient presents with continued low back pain. The provider is requesting continuation of physical therapy 2 times a week for 6 weeks. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis-type symptoms 9 to 10 sessions over 8 weeks. The 4 progress reports provided for review do not discuss physical therapy treatment history. It is unclear how many sessions the patient has received to date, but it is clear that the patient has received some therapy in the past as the patient reported physical therapy has helped and the treater suggests the patient continue physical therapy. In this case, the treater's request for 12 sessions exceeds what is recommended by MTUS. Furthermore, the treater indicates the patient has participated in prior physical therapy, but outcomes of the sessions and progression or lack of progression towards goals are not provided. Such as, Physical therapy 2xwk x 6wks lower back 97001, 97010-97540 is not medically necessary.