

Case Number:	CM14-0160174		
Date Assigned:	10/03/2014	Date of Injury:	04/05/2009
Decision Date:	11/06/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/30/2014

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 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 injured worker is a 63-year-old female who reported an injury on 04/05/2009. The mechanism of injury was a fall. The injured worker diagnoses included severe lumbar degenerative disc disease L5-S1 and right total knee arthroplasty. The injured worker's past treatments included a home exercise program, stretching and medications. The injured worker's surgical history included a right total knee replacement on 12/28/2010. The injured worker's diagnostic testing included x-rays of the lumbar spine, which were noted to show severe degenerative disc disease at L5-S1 with moderate changes throughout the remaining spine. On 09/09/2014, the injured worker complained of pain that she rated a 4/10 on a pain scale. She reported that she completed physical therapy, and that it had helped. Upon physical examination, the injured worker was noted with 50% decreased lumbar spine range of motion. Her motor strength was noted as 5/5. The injured worker's medications included Norco. The request was for continued physical therapy for the lumbar spine, 3 times weekly for 4 weeks. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy for the lumbar spine, three times weekly for four weeks:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low Back Procedures Chapter

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

Decision rationale: The request for continued physical therapy for the lumbar spine, 3 times weekly for 4 weeks is not medically necessary. The California MTUS Guidelines may recommend physical therapy 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. The guidelines recommend treatment of up to 10 visits over 8 weeks. The injured worker reported having completed at least 4 visits of physical therapy, however, the specific number of completed sessions was not documented. The documentation did not provide sufficient evidence of significant objective functional improvement, or a complete and thorough pain evaluation to assess a decrease in pain. In the absence of documentation with evidence of significant objective functional improvement, documented evidence of an objective decrease in pain, and the specific number of completed physical therapy sessions, the request is not supported. Additionally, as the request is written, 12 additional physical therapy visits is excessive. Therefore, the request is not medically necessary.