

Case Number:	CM14-0161093		
Date Assigned:	10/06/2014	Date of Injury:	04/13/2001
Decision Date:	11/06/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/01/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old female with a reported date of injury on 04/13/2011. The injury reportedly occurred when the injured worker was assisting another employee lifting a patient's pants. Her diagnoses were noted to include status post lumbar fusion. Her previous treatments were noted to include acupuncture, physical therapy, surgery, and medications. The progress note dated 07/28/2014 revealed low back and mid back pain with pain to the bilateral hips and weakness. The physical examination revealed decreased range of motion. Progress note dated 08/25/2014 revealed complaints of low back pain rated 2/10, mid back pain rated 9/10, and bilateral hip weakness and left shoulder pain rated 10/10. The left shoulder pain and mid back pain with a history of previous lumbar fusion x 2 and a positive Hawkins and Neer's was noted with a loss of range of motion to the lumbar spine. The Request for Authorization form dated 09/02/2014 was for physical therapy 2 x 4 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) physical therapy sessions for lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker has received previous physical therapy sessions. According to the California Chronic Pain Medical Treatment Guidelines, 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 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 and functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. There is a lack of documentation regarding current measureable functional deficits, as well as quantifiable measureable objective functional improvements with previous physical therapy sessions. Additionally, the number of previous physical therapy sessions was not submitted within the medical records. The request for 8 physical therapy sessions for the lumbar is not medically necessary.