

Case Number:	CM14-0176817		
Date Assigned:	10/30/2014	Date of Injury:	01/27/2014
Decision Date:	12/05/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/24/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 56 year old male who was injured on 1/27/2014. He was diagnosed with neck sprain, lumbar radiculopathy, and left knee sprain/strain. He was treated with physical therapy (12 sessions) and medications. On the last physical therapy visit (#12) he exhibited ability to "do full bridges and unsupported lying bug exercises with no increase in pain, demonstrating high level of strength and stability" and was doing his home exercises, as documented by the physical therapist (3/14/14). On 6/24/2014, the worker was seen by his primary treating physician reporting left knee pain, neck pain, and low back pain (rated 4/10 on pain scale) with radiation to right leg associated with "pins and needles" sensation of which his low back pain was improving. He reported using Norco, Zanaflex, and Anaprox DS. No report was documented regarding his efforts with his home exercise program. Physical examination findings of the lumbar area included normal gait, no tenderness, negative straight leg raise, and decreased sensation over L5 dermatome (left). He was then recommended, for his lumbar spine, additional physical therapy, and refills on his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2 times a week for 3 weeks for the lumbar spine: 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)

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

Decision rationale: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. In the case of this worker, he had completed 12 sessions of physical therapy for his lower back while showing competence and strength with exercising, suggesting he didn't need any further supervised sessions after the 12th session. There was no documented report of the worker's ability to perform home exercises, which would be required before considering any additional supervised physical therapy. Home exercises should be the focus of discussion in future office visits with this worker, and additional physical therapy is not medically necessary.