

Case Number:	CM14-0081829		
Date Assigned:	07/18/2014	Date of Injury:	12/08/2009
Decision Date:	10/09/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	06/03/2014

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 Illinois. 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 48-year-old female who reported an injury due to repetitive lifting on 12/08/2009. On 02/24/2014, her diagnoses included piriformis syndrome and status post L5-S1 lumbar fusion. The treatment plan included 12 visits of chiropractic treatment and 12 visits of physical therapy, along with a home traction unit. On 03/17/2014, it was noted that the requested physical therapy in the prior treatment plan had been approved. On 04/03/2014, it was noted that this injured worker had completed 13 physical therapy visits. This injured worker reported that between the physical therapy visits and the chiropractic visits, she was able to increase her activities, walk a greater a distance, and perform activities of daily living, before she had to rest with an onset of lower back pain. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 6 weeks lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, low back

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

Decision rationale: The request for Physical Therapy 2 x weeks x 6 weeks lower back is not medically necessary. The California MTUS Guidelines recommends active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The recommended schedule for myalgia and myositis is 9 to 10 visits over 8 weeks. The submitted documentation revealed that this injured worker had already completed 13 visits of physical therapy. The request for an additional 12 visits exceeds the recommendations in the guidelines. Therefore, this request for Physical Therapy 2 x weeks x 6 weeks lower back is not medically necessary.