

Case Number:	CM14-0039361		
Date Assigned:	06/27/2014	Date of Injury:	11/07/2013
Decision Date:	07/28/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/03/2014

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 Georgia and Wisconsin. 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 51 year-old male who was injured on 11/07/2013. He stated that due to harassment, religious discrimination, back pain, right shoulder pain, and left arm pain, he has been tremendously stressed on the job. The patient has been treated conservatively with 14 sessions of physical therapy in the past. Prior treatment history has included hot packs/cold packs, Advil, and Naproxen. Physical therapy note dated 02/23/2014 indicates the patient presented for therapy of his low back. It was noted that he had lumbar mobility deficits with left lower leg radiculopathy secondary from postural syndrome and sciatic nerve tension. His main complaints are myofascial restrictions, limited range of motion, limited flexibility, core and hip weakness and posture dysfunction. On exam he was noted to have limited flexibility in hip flexors and hamstrings. He had moderate tenderness to palpation at the sacrum/coccyx joints. He had positive Dural Slump test and left straight leg raise sciatic nerve tension. There was pain at end range of range of motion on extension and flexion. Active range of motion was 50% of normal on lumbar extension and lumbar left side bending is 60% of normal as well as right side bending. Hip passive range of motion revealed hip flexion PROM to 120 degrees; hip abduction PROM to 60 degrees; hip external rotation 40 degrees and hip external rotation to 60 degrees and hip internal rotation to 60 degrees. Physical therapy has been recommended, twice a week for 6 weeks. Prior utilization review dated 03/25/2014 states the request for Outpatient additional physical therapy (PT) to the lumbar spine two (2) to three (3) times per week per week over nine (9) weeks is not authorized as the patient has been treated with physical therapy in the past. There is no indication that the patient cannot perform a home exercise program based on the therapy he has already had.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional physical therapy (PT) to the lumbar spine two (2) to three (3) times per week per week over nine (9) weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy to the lumbar spine.

Decision rationale: The ODG recommendations for Physical Therapy are 9 visits over 8 weeks for Lumbago and 10-12 visits over 8 weeks for Sciatica. The medical documents provided state that patient has already received 14 weeks of physical therapy for Lumbago and/or Sciatica. Patient should be independent in a home exercise program with the number of sessions completed already. There is no documentation for any specific indication for further physical therapy. Based on the Official Disability Guidelines (ODG) as well as the clinical documentation stated above, the request is not medically necessary.