

Case Number:	CM17-0003890		
Date Assigned:	01/11/2017	Date of Injury:	10/25/2016
Decision Date:	02/03/2017	UR Denial Date:	12/16/2016
Priority:	Standard	Application Received:	01/05/2017

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 25-year-old female, with a reported date of injury of 10-25-2016. The diagnoses include lower back strain. The progress report dated 11-28-2016 indicates that the injured worker reported "minimal improvement" despite physical therapy. The worker continued on temporary total disability. It was noted that the injured worker denied radiculopathy or paresthesias of the lower extremities. The objective findings include moderate distress; an antalgic gait and posturing; tenderness in the paraspinal thoracolumbar areas bilaterally; thoracolumbar flexion remained restricted at 30 degrees; no motor or sensory deficit in the lower extremities; and negative straight leg raise testing bilaterally. The treatment plan included the continuation of therapy. The injured worker has been instructed to remain off work until 11-24-2016. The medical records included 7 physical therapy reports dated 11-15-2016 to 12-08-2016. The physical therapy report reviewed by Utilization Review (UR) was dated 12-01-2016. The report indicated that the injured worker had been experiencing an increase in constant dull to active, positional and resistive sharp pain, which was rated 3-8 out of 10 over the lumbar spine paravertebral muscles bilaterally. The worker reported being "a little" better on the day of the visit than on the last visit. The objective findings include tenderness to palpation and spasm over the lumbosacral spine paravertebral muscle; tenderness associated with posterior and lateral hips bilaterally; decreased range of motion of the lumbar spine; normal gait pattern in swing and stance phases; slight difficulty with walking on heel and toes bilaterally, left greater than right; no deficits in sensory and motor nerve distributions to the lumbosacral spine and lower extremities; and negative straight leg raise bilaterally at 70 degrees. The diagnostic studies

to date have included an MRI of the right shoulder on 08-31-2015 which showed mild acromioclavicular joint arthritis, with probable tendinosis or low grade partial tear of the distal supraspinatus tendon; and an MRI of the lumbar spine on 12-07-2016 which showed exaggerated lumbosacral lordosis. Treatments and evaluation to date have included Tylenol and physical therapy. The treating physician requested eight (8) physical therapy sessions. On 12-16-2016, Utilization Review (UR) non-certified the request for eight (8) physical therapy sessions.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

Decision rationale: According to the ACOEM and MTUS Guidelines, physical therapy is recommended for 8-10 sessions in a fading frequency. In this case, the claimant has undergone 8 sessions of physical therapy which were not beneficial (1/5/17 note). There is no indication that additional exercises cannot be done independently. The request for additional physical therapy is not medically necessary.