

Case Number:	CM13-0000181		
Date Assigned:	03/05/2014	Date of Injury:	02/19/2013
Decision Date:	04/11/2014	UR Denial Date:	04/05/2013
Priority:	Standard	Application Received:	04/15/2013

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, has a subspecialty in Pain Management, and is licensed to practice in California. 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:

This is a patient with a date of injury of 2/19/13. A utilization review determination dated 4/5/13 recommends modification of PT from an unknown amount to 6 sessions. A 3/22/13 medical report identifies significant discomfort in the low back and difficulty in ambulating with a non-weight-bearing status as she has been using the scooter. Pain exists mainly at night. On exam, there is tenderness of the right paraspinous lumbar region. Swelling is significantly reduced in the left foot and there is no significant tenderness. X-rays show well-consolidated fractures with no displacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PHYSICAL THERAPY VISITS FOR LUMBAR SPINE AND LEFT FOOT:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): s 134; 369, Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS supports up to 10 physical therapy sessions, while the Official Disability Guidelines recommend an initial trial of 6 sessions. Within the documentation available for review, there is documentation to support the use of some initial physical therapy. However, there is no support for an open-ended request for physical therapy and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.