

Case Number:	CM13-0004162		
Date Assigned:	03/21/2014	Date of Injury:	05/29/2013
Decision Date:	04/28/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/29/2013

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 ; Pain Management has a subspecialty in Interventional Spine 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 32 year-old male who was injured on 5/29/13 when a concrete pipe fell on his whole body. He has been diagnosed with lumbar strain; contusion, back; contusion bilateral knees; and cervical strain. According to the 6/25/13 occupational medicine report, the patient is in for follow-up on lumbar and cervical strain and contusion of both knees. He had not been back to work because he was in too much pain. He takes Naproxen, acetaminophen, Ultracet and Tizanidine. On exam, there was cervical spasms, decreased lumbar motion due to pain, limited motion on the right shoulder. The physician recommended PT 2x3. On 7/2/13 UR used ODG guidelines to modify the request an allow 4 PT sessions

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 6 SESSIONS OF PHYSICAL THERAPY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE Page(s): 98-99 of 127.

Decision rationale: According to the 6/25/13 occupational medicine report, the patient is in for follow-up on lumbar and cervical strain and contusion of both knees. There were no prior PT notes provided for this IMR. MTUS guidelines trump ODG guidelines per LC 4610.5(2). MTUS guidelines recommend up to 8-10 sessions of therapy for various myalgias and neuralgias. The 6/25/13 report documents necessity for PT. Based on the information provided, the request appears to be in accordance with MTUS guidelines. Disclaimer: MAXIMUS