

Case Number:	CM13-0006374		
Date Assigned:	08/29/2013	Date of Injury:	07/26/2004
Decision Date:	01/14/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 underlying date of injury in this case is 07/26/2004. The patient is a 71-year-old man. His treating diagnosis is chronic postsurgical back pain. An initial physician review notes that the patient previously received physical therapy treatment and that at a recent office visit the patient was pain-free with no indication that the patient would be unable to perform independent home rehabilitation exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 99, recommends, "Allow for fading of treatment frequency plus active self-directed home Physical Medicine." The guidelines would anticipate that this patient would have transitioned long ago to an independent home rehabilitation program. The medical records at this

time do not provide a rationale as to why this patient instead requires additional supervised therapy. The records do not support this request. This request is not medically necessary.