

Case Number:	CM13-0009143		
Date Assigned:	09/13/2013	Date of Injury:	01/22/2013
Decision Date:	01/13/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	08/08/2013

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.

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 patient is a 30-year-old man who was injured on 01/22/2013 when moving a 56-pound parcel from a top shelf. The patient felt a sharp pain in his lower back. Treating diagnoses have included lumbago, lumbar sprain, and pelvic pain. An initial physician reviewer noted that the patient had received past physical therapy, and there was no documentation of specific objective goals or rationale for additional supervised therapy. Therefore, the reviewer recommended that the request be noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) additional physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 99, recommends, "radiculitis, unspecified: 8-10 visits over 4 weeks" or "myalgia and myositis, unspecified: 9-10 visits over 8 weeks." The guideline gives the overall recommendation to "allow for fading of treatment frequency plus active self-directed home Physical Medicine." The medical records at this time do not provide a rationale as to why this patient requires additional supervised rather than independent home rehabilitation. The medical records and guidelines do not support this request. This treatment is not medically necessary.

