

Case Number:	CM13-0016220		
Date Assigned:	03/12/2014	Date of Injury:	05/08/2008
Decision Date:	04/10/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/16/2013

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 Internal Medicine and is licensed to practice in New York. 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:

The claimant is a injured worker with a date of injury on 05/08/2008. The patient had low back pain and left hip pain when pulling banquet cart from an elevator. She had complex reflex sympathetic dystrophy. In 2013 the patient had 6 physical therapy visits that ended on 04/17/2013. Another 6 physical therapy visits were certified on 0627/2013. This review is for a request for an additional 6 physical therapy visits in 08/2013. The patient has been treated with physical therapy, opiates and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation..

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines allows for a maximum of 10 physical therapy visits over 4 to 8 weeks. Prior to the request in 08/2013 for 6 physical therapy visits, the patient completed 12 physical therapy visits, which exceeds the guideline recommendation of 12 visits. By 08/2013, the patinet should have been transitioned to a

home exercise program as there is no documentation that continued formal physical therapy is superior to a home exercise program at that time relative to the injury. The request for six additional physical therapy sessions are not medically necessary and appropriate.