

Case Number:	CM13-0022682		
Date Assigned:	11/13/2013	Date of Injury:	06/11/1991
Decision Date:	01/17/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/10/2013

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 patient is a 66-year-old female who reported an injury on 06/11/1991. The patient was noted to have increasing lumbar pain, and the diagnoses were noted to include lumbar flare up, lumbar discogenic pain and flare up of sacroiliac joint pain. The request was made for 4 additional physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 4 Physical Therapy: Upheld

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

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

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing in soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Treatment is recommended with a maximum of 9 to 10 visits for

myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis and radiculitis. The clinical documentation submitted for review failed to provide a thorough, objective examination with indications of the patient's functional deficits to support ongoing physical therapy. Additionally, it indicated that the patient had improved with physical therapy; however, she remained with increased pain intensity over the typical baseline. The clinical documentation submitted for review failed to provide the number of sessions that the patient had participated in; and it failed to provide documentation of functional benefit for the therapy and remaining functional deficits to support ongoing therapy. Given the above, the request for 4 additional physical therapy sessions is not medically necessary.