

Case Number:	CM13-0033241		
Date Assigned:	12/13/2013	Date of Injury:	05/14/2013
Decision Date:	03/18/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/09/2013

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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 39-year-old male who reported an injury on 05/14/2013. The mechanism of injury was not stated in the medical records. His diagnosis is thoracolumbar strain. His symptoms include upper lumbar spine pain. His objective findings include normal reflexes, sensation, and motor strength to his bilateral upper and lower extremities, minimal lumbar tenderness, and mildly decreased lumbar range of motion. It was noted on 12/05/2013 at his office visit that he had been approved for physical therapy. Case notes confirm that he was approved for 8 visits of physical therapy for treatment of the lumbar spine on 11/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state that physical medicine for the treatment of unspecified myalgia and myositis is recommended at 9 to 10 visits over 8 weeks. The patient was noted to have been approved for 8 visits of physical therapy on 11/22/2013. The

clinical information provided for review fails to indicate whether the patient has completed his approved 8 sessions and made any objective functional gains with that treatment. In the absence of this documentation, additional physical therapy visits are not supported. Therefore, the request is non-certified.