

Case Number:	CM13-0034933		
Date Assigned:	12/11/2013	Date of Injury:	05/27/2011
Decision Date:	02/06/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/15/2013

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 with has a date of injury of 5/27/2011. Medical Records reviewed reveal the patient was injured when he was pushing a pallet onto another pallet and felt a pain in his chest. Diagnosis includes cervical -lumbar strain-sprain w/radiculopathy. Per documentation, he has had prior course of physical therapy (PT) (at least 24 visits) and medications. No discussion of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine: 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 Medicine Page(s): 98-99.

Decision rationale: Physical therapy for the lumbar spine is not medically necessary per MTUS guidelines. Per documentation submitted patient has already had 24 PT visits total. There is no documentation of functional improvement or extenuating circumstance requiring additional therapy. The patient has exceeded the recommended guidelines for his condition and would be

expected to have had treatment faded to a home exercise program, per guideline recommendations.