MAXIMUS Federal Services

Case Number:	CM13-0035979		
Date Assigned:	12/13/2013	Date of Injury:	05/09/2012
Decision Date:	02/03/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/18/2013

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 Surgery and is licensed to practice in Califronia. 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 24 year old who had a dirt bike accident on 5/9/12. The patient reported injury to lower back, hip, and ankle. A work up was completed and it was negative for fracture. Physical therapy was recommended but, patient did not attend. In 2013, patient now complains of chronic low back and right hip pain. Curvilinear object overlying R superior iliav crest not further characterized. Diagnosed with chronic LBP, possible myofascial pain, and possible bursitis. A Theracane PT and ibuprofen was requested. Physical Therapy partially certified, Theracane non-certified, Ibuprofen non-certified due to lack of quantity. However, there is a prescription noted that shows 600 mg, one tid #90. Theracane is a device to provide deep tissue message. I cannot find any scientific studies on its specific efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

Decision rationale: Agree with partial certification. Deep tissue massage can be included in lieu of the Theracane.

Thercane: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Guidelines are silent on this. A literature search on the internet reveals only promotional data

. Ibuprofen 600mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

Decision rationale: NSAIDS are appropriate and a prescription with quantity is on scanned page 42.