MAXIMUS Federal Services

Case Number:	CM13-0036523		
Date Assigned:	12/20/2013	Date of Injury:	11/16/2009
Decision Date:	02/20/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/21/2013

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, and is licensed to practice in California. 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:

This patient is a 57 year old male, date of injury 11-16-09. Primary diagnosis is SI joint pain. Report dated 04-23-13 by [redacted] Physical Medicine & Rehabilitation physician provided a case summary. Mechanism of injury: patient was run over by a dump truck on a construction site, sustaining crush injuries. Patient sustained pelvic and sacral fractures, pubic symphysis diastasis, right sacroiliac diastasis. He received rehabilitation at [redacted] (12/01/09-12/24/09). Subjective complaints: chronic pain, exercising with rowing machine and blowflex, walking his dog daily, yoga and stretching. Physical exam: no acute distress, mood good, full affect, speech clear. Diagnoses included pelvic and sacral fractures, pubic symphysis and right sacroiliac diastasis, degenerative disc disease at L1-2, L2-3, L5-S1, radiculopathy. MRI of lumbar spine 05-31-11: screw fixation of the right sacroiliac joint, degenerative disc disease. Treatment plan included continue medication regimen and physical therapy. Psychiatrist [redacted] documented clinic visits on 06-17-13, 07-15-13, 10-08-13. Progress report 11-19-12 orthopedic surgeon [redacted] stated "His exam is status quo and his symptoms are status quo with no new symptoms."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar spine and hips: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CA LOW BACK PROBLEMS 4.2.3 Physical Treatment

Decision rationale: MTUS and ACOEM guidelines recommend physical therapeutic interventions. ODG guidelines state that physical therapy treatment following the initial trial of four weeks generally should not exceed two times per week. The continuation of treatments is based on reported improvement in subjective complaints, objective factors/clinical findings, and functional capacity. Exacerbations may warrant a short course (up to two weeks) treatment of up to three times a week. Patient was injured in 11-16-09 and received rehabilitation at [redacted] from 12/01/09 to 12/24/09. Report dated 04-23-13 by [redacted] documented patient's subjective complaints of chronic pain, exercising with rowing machine and blowflex, walking his dog daily, yoga and stretching. Physical exam documented no acute distress, mood good, full affect, speech clear. Patient did not report an exacerbation of pain. Physical exam did not document back or hip examination. Progress report 11-19-12 orthopedic surgeon [redacted] stated "His exam is status quo and his symptoms are status quo with no new symptoms." The most recent notes from [redacted] documented clinic visits on 06-17-13, 07-15-13, 10-08-13 for Psychiatric follow-up. No other recent medical records were available. ODG guidelines state that exacerbations may warrant a short course of physical therapy. The available medical records do not document an exacerbation of the condition. Therefore, the medical records do not support the necessity of an additional course physical therapy. Therefore, the request for Physical therapy lumbar spine and hips is Not medically necessary.