

Case Number:	CM13-0036805		
Date Assigned:	12/13/2013	Date of Injury:	08/23/2013
Decision Date:	02/13/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/22/2013

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 Orthopedic Surgery, has a subspecialty in Shoulder and Elbow Surgery, 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:

The patient is a 36-year-old female who reported an injury on 8/23/13. The mechanism of injury was not provided. The physical examination for the requested service was not provided. The patient's diagnosis was noted to be sprain of the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar physical therapy three times a week for six weeks: Upheld

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

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

Decision rationale: The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment. It can help control symptoms such as pain, inflammation and swelling and can improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. There was a lack of documentation submitted for review to indicate the necessity for physical therapy as there was no documentation submitted for the requested service. Additionally, there was a lack

of documentation indicating the patient had a necessity for 18 visits. Given the above, the request is not medically necessary.

IF unit for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: The California MTUS does not recommend interferential current stimulation (ICS) as an isolated intervention and should be used with recommended treatments including work, and exercise. There was a lack of clinical documentation indicating the necessity for the requested service, as there was no documentation submitted for the date of service requested. Additionally, there was lack of documentation indicating the necessity of the use of the unit. Given the above, and the lack of documented rationale, the request for an IF unit for the lumbar spine is not medically necessary.