

Case Number:	CM13-0037232		
Date Assigned:	12/13/2013	Date of Injury:	02/08/2012
Decision Date:	02/28/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/27/2013

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 38-year-old male who reported a work related injury on 02/08/2012, after he was jostled in his seat while loading a trailer using a forklift. The patient's diagnoses include cervical and lumbar disc bulging. A request has been made for 12 physical therapy visits for the cervical and lumbar spine between 08/28/2013 and 10/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the cervical and lumbar spine between August 28, 2013 and May 12, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines

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

Decision rationale: California Chronic Pain Medical Treatment Guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis. The recent clinical documentation submitted for review did not state the patient's prior physical therapy visits, and the efficacy of those visits. It is unclear whether the patient has had prior physical therapy visits

per submitted clinical documentation. There was no physical exam noted for the patient on the submitted clinical documentation, and no significant functional deficits noted for the patient to warrant physical therapy visits. Therefore, the decision for 12 physical therapy visits for the cervical and lumbar spine between 08/28/2013 and 10/12/2013 is noncertified.