

Case Number:	CM13-0038503		
Date Assigned:	12/18/2013	Date of Injury:	11/08/2012
Decision Date:	02/18/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/25/2013

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, has a subspecialty in Pain Medicine 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 26-year-old male who reported an injury on 11/08/2012. The patient is diagnosed with lumbar disc disorder, neck sprain and strain, and right wrist sprain. The patient was recently seen by [REDACTED] on 09/30/2013. Physical examination revealed tenderness in the lumbar spine with decreased range of motion and positive straight leg raising. Treatment recommendations included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 weeks, lumbar spine QTY 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the

clinical notes submitted, the patient has previously completed a course of physical therapy. Documentation of objective measurable improvement was not provided. Based on the clinical information received, the request for ongoing physical therapy cannot be determined as medically appropriate. Therefore, the request for Physical Therapy 2 x 4 weeks, lumbar spine QTY 8 is non-certified.