

Case Number:	CM13-0041499		
Date Assigned:	12/20/2013	Date of Injury:	08/30/2012
Decision Date:	02/19/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 claimant is a 28 year old who reported an industrial injury on 8/30/12 from a slip and fall landing on his right side including his elbow. He sustained injuries to the lower back and right elbow as result and has continued to have significant residual chronic pain problems. Treatment has included medications and at least 16 physical therapy sessions. PT progress note 9/12/13 which noted significant improvement in his gait, showing better pelvic movement left leg positioned in slight external rotation, flexion 60 degrees, extension 25 degrees, right side bending 32 degrees, left side bending 22 degrees, rotation right 80 degrees, and left 70 degrees. The claimant is taking only Flexeril and Mabic. At issue is the request for 6 sessions of physical therapy

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 6 sessions: 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 Physical Medicine Page(s): 98-99.

Decision rationale: With respect to the claimant, there are no significant residual deficits that warrant additional individual physical therapy. The claimant has functional range of motion and no strength deficits. Appropriate ongoing treatment can be obtained with a home exercise program. The claimant has received at least 16 physical therapy sessions and should be well educated in a home exercise program.