

Case Number:	CM13-0044502		
Date Assigned:	02/07/2014	Date of Injury:	08/21/2013
Decision Date:	04/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a sub specialty in Interventional Spine, 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 expert 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 54 year-old female who was injured on 8/21/13 when she slipped and fell while moving a spa. She has been diagnosed with a lumbar strain and contusion to the left leg. According to the 10/13/13 initial orthopedic report from [REDACTED], the patient presents with 8/10 lower back pain that extends to the left hip and buttock then radiates down the left leg to the dorsal aspect of the left foot, and the abrasion on the anterior left tibia remains quite painful. [REDACTED] recommended PT 2x3. On 10/18/13 UR denied the request, on speculation that 2-months have passed since the injury and it should have been fully resolved.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR THREE WEEKS FOR THE LEFT LEG:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

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

Decision rationale: According to the 10/13/13 initial orthopedic report from [REDACTED], the patient presents with 8/10 lower back pain that extends to the left hip and buttock then radiates down the left leg to the dorsal aspect of the left foot, and the abrasion on the anterior left tibia remains quite painful. Exam showed decreased sensory changes in the LLE, SLR, Lasegues and Patricks tests were positive on the left. The orthopedic surgeon suggested PT 2x3. The MTUS guidelines, recommend up to 8-10 sessions of therapy for various myalgias or neuralgias. The request is in accordance with MTUS guidelines.