

Case Number:	CM13-0045555		
Date Assigned:	12/27/2013	Date of Injury:	10/15/2013
Decision Date:	03/07/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 39-year-old male who reported a work related injury on 10/15/2013, as the result of a fall. Subsequently, the patient presents for treatment of lumbar spine and bilateral hip pain. The provider documents the patient reports constant severe pain to the lumbar spine as well as the bilateral hips. The provider documented no additional therapy was being requested. The patient was initially recommended to undergo 6 sessions of physical therapy however, the patient had not started this therapy due to a recent fall. The provider rendered the patient prescriptions for topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The clinical documentation submitted for review fails to provide evidence of duration, frequency, or efficacy of prior physical therapy interventions for the employee. ACOEM Practice Guidelines indicates specific low back exercises for range of motion and

strengthening at home applications of cold in the first few days of acute pain, and thereafter, applications of heat or cold, relaxation techniques and aerobic exercise is supported; 1 to 2 visits if physical therapy for education, counseling, and evaluation of home exercise, range of motion, and strengthening. The Chronic Pain Medical Treatment Guidelines indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Given all of the above, the request for 12 sessions of physical therapy to the lumbar, bilateral hip is not medically necessary or appropriate.