

Case Number:	CM13-0046305		
Date Assigned:	12/27/2013	Date of Injury:	05/25/2010
Decision Date:	02/28/2014	UR Denial Date:	10/16/2013
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 in Orthopedic Surgery and is licensed to practice in Texas. 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 43-year-old female who reported injury on 05/25/2010. The mechanism of injury was stated to be a motor vehicle accident. The patient was noted to have exquisite tenderness at L5-S1 in the midline down to the left side. The patient was noted to have limited flexion. The patient was noted to have tenderness at the left L2-3 region in the paraspinous muscles and tenderness in the right at L3-4, L4-5, and L5-S1. The request was made for additional physical therapy 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Pain, Suffering, and the Restoration of Function Chapter, page 114 and ODG, www.odg-twc.com/preface.htm#PhysicalTherapyGuidelines & Low Back Chapter.

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

Decision rationale: California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling

symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review, while indicating the patient had objective findings of exquisite tenderness, there was a lack of documentation indicating the functional benefit received from the prior physical therapy and the functional deficits that remained to support the necessity for therapy. There was a lack of documentation indicating the quantity of sessions that the patient had previously participated in. The submitted request failed to indicate the body part the therapy was requested for. Given the above, the request for additional physical therapy 8 sessions is not medically necessary.