

Case Number:	CM13-0053949		
Date Assigned:	12/30/2013	Date of Injury:	10/17/2012
Decision Date:	03/18/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/18/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 patient is a 36-year-old male who reported injury on 10/17/2012. The mechanism of injury was noted to be a fall from a ladder. The patient was noted to have back pain, hip pain, ankle pain, neck pain and right arm pain as well as knee pain. The patient was noted to have a previous SI joint injection which had failed. The patient was noted to have functional limitations due to pain, pain intensity, sleep patterns, medication management, and review of systems. The patient was noted to have lumbar spine tenderness, pain, and diminished range of motion restricted by pain. The patient was noted to have diagnoses of myofascial pain, degenerative disc disease, and lumbar degenerative disc disease, low back pain, arthritis of the back, knee pain bilateral, sciatica, and cervical pain. The request was made for 8 sessions of physical therapy for improved pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits between 10/9/2013 and 11/23/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 failed to indicate the patient's prior conservative care including physical therapy and the patient's objective functional response to prior care. Additionally, there was a lack of documentation of objective functional deficits to support physical therapy. The request as submitted failed to indicate the body part the physical therapy was being requested for. As the patient's injury was noted to be reported on 10/17/2012, the patient should be well versed in a home exercise program. Given the above, the request for 8 physical therapy visits between 10/09/2013 and 11/23/2013 are not medically necessary.