

Case Number:	CM13-0054009		
Date Assigned:	12/30/2013	Date of Injury:	04/30/2013
Decision Date:	04/04/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Arizona. 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 30-year-old male who sustained an injury on 4/30/13. The mechanism of injury and involved body parts were not stated in the submitted records. The current diagnosis consists of cervical strain; rule out radiculopathy, lumbar radiculopathy, right hip contusion and thoracic strain. A request was made for 12 physical therapy visits. The previous treatment consisted of medication and home exercise program. He presented, on 9/18/13, with neck, mid back and low back pain. Physical therapy was authorized and additional treatment included continuation of medications, physical therapy and an orthopedic pillow. Physical therapy from 10/17/13 to 12/13/13 was already authorized. The patient apparently had not completed this authorized number of physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Records show that physical therapy was already authorized for 12 visits which the injured worker has not completed. Based on the diagnosis and evidence-based guideline per MTUS, as described above, additional physical therapy is not medically necessary.