

Case Number:	CM13-0054449		
Date Assigned:	12/30/2013	Date of Injury:	07/05/2011
Decision Date:	03/24/2014	UR Denial Date:	11/04/2013
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 Family Practice 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 62-year-old male who reported injury on 07/05/2011. The mechanism of injury was noted to be a slip and fall. The most recent physical therapy note reported the patient was having sharp pain in the right lumbosacral area. The patient's diagnoses were noted to be lumbago, pain in joint pelvis/thigh, and pain in joint ankle/foot. The [REDACTED] Form RFA indicated that the request was for physical therapy to the lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks: Upheld

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

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

Decision rationale: The California MTUS states that physical medicine treatment is recommended with a maximum of 9 visits to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to indicate the quantity of therapy sessions that had previously been attended, as well as the patient's objective functional benefit received from the therapy. Additionally, the request as submitted failed to indicate the body part that was to be

treated. There was a lack of documentation indicating objective functional benefits to support ongoing therapy. The physician documentation of the [REDACTED] Form RFA indicated physical therapy was to the lumbar region. Given the above and the lack of clarification, the request for physical therapy, two times a week for four weeks is not medically necessary.