MAXIMUS Federal Services

Case Number:	CM13-0055813		
Date Assigned:	02/26/2014	Date of Injury:	12/01/2004
Decision Date:	07/31/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 expert 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:

This is a 49-year-old patient with a date of injury of 12/01/04. The mechanism of injury was being rear-ended in a motor vehicle accident. He was diagnosed with chronic cerivca, thoracic and lumbar pain. The patient returned in follow-up on 10/14/13 with reprts of pain that was ranging from 3-6/10. The symptoms were reportedly causing limitation in Activities of Daily Living (ADL)'s due to limited ability to use hands repetitively, lifting and standing. He had not had any recent PT, and a reqquest was made for 12-24 sessions of PT. This was submitted to Utilization Review, and on 11/14/13, the request for 12-24 sessions of Physical Therapy (PT) was modified to 8 only.

IMR ISSUES, DECISIONS AND RATIONALES

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

12- 24 physical therapy visits for the back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 130-132,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical medicine treatment.

Decision rationale: Guidelines recommend 8-12 sessions of Physical Therapy (PT) for this type of low back diagnosis. The CA MTUS recommends 9-10 sessions of PT for myalgia, ACOEM revised 2nd edition recommends 8-12 sessions of PT, and ODG recommends 9-12 sessions of PT. In this case, the patient presents in follow-up with an increase in symptoms affecting ADL's and reportedly had not had any recent PT. 12-24 sessions of PT were requested, and the reviewing UR physician recommended treatment modification of 8 sessions. This is appropriate for a flare of symptoms in this patient with a 2004 injury. There is no medical necessity for certifcation of PT for 12-24 sessions.