

Case Number:	CM13-0057923		
Date Assigned:	12/30/2013	Date of Injury:	10/03/2011
Decision Date:	04/30/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/25/2013

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 Geriatrics and is licensed to practice in New York. 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:

The injured worker is a woman with a date of injury of 10/3/11. She was seen by her primary treating physician on 7/23/13 with complaints of left inguinal pain and low back pain extending to her buttocks. Her physical exam showed some tenderness in the left iliolumbar ligament and sacroiliac joint. Her straight leg raise was negative on the right and equivocal on the right. She had pain with palpation over the suprapubic and left inguinal area. She also had right ankle pain. Her diagnoses included possible right inguinal hernia, lumbar spine degenerative disc disease/intervertebral disc disorder, left sacroiliac joint dysfunction and left piriformis syndrome. She was receiving PT as of 7/29/13. At issue is the request for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK TIMES 3 WEEKS FOR THE LUMBAR SPINE AND LEFT HIP: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 98-99.

Decision rationale: The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic back pain.