

Case Number:	CM13-0060537		
Date Assigned:	12/30/2013	Date of Injury:	06/05/2013
Decision Date:	05/30/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

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 Illinois. 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 63 year old male who reported an abdominal injury on 06/05/2013; the mechanism of injury was not reported within the medical records. Within the clinical note dated 09/03/2013 it was noted the injured worker reported no pain abdominally nor to the rest of his body. During the physical exam the physician noted the abdomen had normal bowel sounds and all other findings were unremarkable. The radiology report dated 07/19/2013 reported an umbilical hernia with herniating fat.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ADDITIONAL PHYSICAL THERAPY VISITS FOR THE ABDOMINAL WALL 2X3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia, Physical Therapy.

Decision rationale: The Official Disability Guidelines state physical therapy is not recommended and there is no evidence of successful outcomes when compared to surgery.

Additionally, the primary purpose of physical therapy is to restore a functional deficit. The injured worker's imaging study showed the presence of a umbilical hernia and the latest clinical note reported unremarkable abdominal findings. It was unclear if the injured worker had any significant functional deficits. Therefore, the request for six additional physical therapy visits for the abdominal wall, twice a week for three weeks is not medically necessary and appropriate.