

Case Number:	CM13-0061393		
Date Assigned:	12/30/2013	Date of Injury:	08/02/2012
Decision Date:	10/17/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	12/04/2013

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, has a subspecialty in Pain Medicine 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:

The injured worker is a 70-year-old male with an original date of injury of August 2, 2012. The patient was injured in his occupation as a heavy equipment mechanic. The injured worker has chronic low back pain, lumbar radiculopathy, bilateral upper extremity pain, cervicgia, and myofascial pain. The patient has had conservative care with physical therapy in the past. According to the records from the utilization review, the patient had attended a physical therapy sessions in July 2013. The current dispute is a request for additional physical therapy. The utilization reviewer had noncertified the request, citing that the functional benefit from previous physical therapy was not clear based upon the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical/thoracic/lumbar, twice a week for four weeks: 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): 99.

Decision rationale: In the case of this injured worker, there has been documentation of previous physical therapy. In a progress note on date of service July 23, 2013, the treatment plan was for

the patient to have physical therapy twice a week for the next 6 weeks. The patient also was to have concomitant acupuncture therapy. A later progress note in December 2013 indicates in the treatment plan for continuation of physical therapy 2 times a week. There is no commentary on the functional benefit attributed to physical therapy or a reduction in work restrictions. This request is not medically necessary.