

Case Number:	CM13-0062331		
Date Assigned:	12/30/2013	Date of Injury:	03/05/2011
Decision Date:	04/15/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/06/2013

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 New York and 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 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 patient is a 42 year old male who reported an injury on 03/05/2011 when he was lifting a boxed recliner and he used his left leg to push the box as he bent down to pick it up and noticed a popping sensation in his lower back followed by pain. He has a history of back and knee pain. He was seen by physical therapy on 08/29/2013 with a pain level of 3/10. The note indicated this was the patient's fifth visit. He reported a decrease in swelling but not in his pain level. The exam reported range of motion to the left knee as 125 degree flexion, -3 degree extension, and 5/5 strength. He was recommended additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 8 session PO PT to the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: CA MTUS guidelines support 9-10 sessions of therapy over 8 weeks for myalgia and myositis. The documentation submitted stated the patient was at his 5th visit and did not demonstrate any significant deficits to warrant the need for additional sessions. As such, the request is non-certified.

PT x 12 to Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: CA MTUS recommends 9-10 visits of physical therapy for myalgia and myositis; however, the documentation submitted did not provide evidence of the patient's functional status for the lumbar spine. The lack of documentation does not support the need for physical therapy at this time. As such, the request is non-certified.