

Case Number:	CM13-0063445		
Date Assigned:	12/30/2013	Date of Injury:	12/14/2011
Decision Date:	05/09/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/10/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 34-year-old male who sustained an injury on 12/14/2012 while moving heavy cabinetry. The injured worker was evaluated on 11/18/2013 for complaints of left buttock pain and occasional left foot pain. The documentation submitted for review did not indicate the injured worker's pain level upon evaluation. The physical examination findings noted the injured worker to have tenderness to the buttocks and decreased range of motion to the low back. It is noted that the documentation submitted for review is in part illegible. The injured worker's diagnosis was noted as lumbar strain/sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR THREE WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine..

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

Decision rationale: The request for physical therapy three times a week for three weeks is non-certified. The documentation submitted for review did not indicate objective findings of decreased range of motion, decreased muscle strength, decreased flexibility, and functional

limitations. The California MTUS Guidelines recommend active therapy be based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As the injured worker did not have documentation of objective findings of functional limitations, the need for physical therapy is unclear. Given the information submitted for review, the request for physical therapy three times a week for three weeks is non-certified.

CHIROPRACTIC TREATMENT THREE TIMES A WEEK FOR THREE WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: The request for chiropractic treatment three times a week for three weeks is non-certified. The California MTUS Guidelines recommend the use of manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The documentation submitted for review indicated the injured worker had left buttock pain and left foot pain. The request submitted for review did not indicate which region the sessions would be addressing. California MTUS Guidelines do not recommend manual therapy and manipulation for the feet. Therefore, the use of manual therapy and manipulation is not indicated. Furthermore, the documentation submitted for review did not have indications the injured worker had functional limitations. Therefore, the need for chiropractic treatment is unclear. Given the information submitted for review, the request for chiropractic treatment three times a week for three weeks is non-certified.