

Case Number:	CM13-0067798		
Date Assigned:	01/03/2014	Date of Injury:	12/17/2011
Decision Date:	05/20/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/18/2013

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 Family Medicine and is licensed to practice in Utah. 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 49 year old male. The patient's date of injury is Dec 17, 2011. The mechanism of injury is unclear at this time. The patient has been diagnosed with status post knee arthroscopies, right wrist neuropathic pain, status post ORIF/external fixation of the shoulder, low back pain, right lower leg pain, lumbar strain with disc protrusion and foraminal stenosis, ACL tear, chondromalacia, and meniscal tear. The patient's treatments have included physical therapy, acupuncture, lumbar ESI, trigger point injections, medications, imaging studies and immobilization. The physical exam findings show improving lumbar range of motion, improving muscle strength from 3 of 5 to 5 of 5. There is low back pain, with strength of 5 of 5. Medications include, but are not limited to, Norco, Neurontin, Naproxen, Morphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for 12 Physical Therapy sessions. The clinical documents state that the patient currently has no weakness or deficit in range of motion in the back. Further physical therapy sessions, beyond the 10 recommended by the guidelines, are not indicated. According to the clinical documentation provided and current MTUS guidelines; 12 physical therapy sessions are not indicated as a medical necessity to the patient at this time.