

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0069017 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 05/02/2013 |
| Decision Date: | 04/24/2014 | UR Denial Date: | 11/21/2013 |
| Priority: | Standard | Application Received: | 12/20/2013 |

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in 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 32-year-old male who reported an injury on 05/02/2013. The patient reportedly twisted his back while cleaning a table. The patient is currently diagnosed with sciatica. The patient was seen by [REDACTED] on 11/11/2013. The patient reported neck pain, lower back pain, and a tingling sensation with focal weakness. Physical examination revealed tenderness to palpation, intact sensation, and normal muscle tone. The patient demonstrated full range of motion of the cervical spine and bilateral upper extremities. Lumbar spine range of motion was not tested. The patient demonstrated positive straight leg raising. Treatment recommendations included continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY SESSIONS QUANTITY 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: California MTUS Guidelines state active therapy is 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. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The patient has previously participated in a course of physical therapy. However, there is no documentation of objective functional improvement. It was also noted on 11/11/2013, the patient reported aggravation of symptoms with physical therapy. The current request also exceeds guideline recommendations for a total duration of treatment. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.