

Case Number:	CM14-0005633		
Date Assigned:	02/07/2014	Date of Injury:	09/06/2013
Decision Date:	06/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/15/2014

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 Management 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:

This is a 57-year-old female with a 9/6/13 date of injury while working as an LVN. She was kicked in the lower back by a patient, which twisted her lower back. The patient was seen on 11/5/13 with complaints of lower back pain which is 50-60% improved. The patient is noted to be working on modified duty. Her VAS is 6/10. She feels the physical therapy is helping. Exam findings reveal range of motion is unchanged. An additional 6 sessions of PT were requested. As of a physical therapy progress note dated 10/7/13 (visit 10) the patient was noted to be in physical; therapy, her VAS was noted to be 7/10 initially and currently. Treatment to date: 12 sessions of physical therapy, lumbar support, medications. A UR decision dated 12/19/13 the request given there was no documentation of benefit derived from prior PT sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO 9 ADDITIONAL SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Physical Therapy Guidelines.

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

Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 page 114

Decision rationale: ACOEM/ Chronic Pain Medical Treatment Guidelines stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient's course of physical therapy in October 2013 did not demonstrate any functional improvement with regard to pain or range of motion. Given there was no significant benefit after 9 sessions, the rationale for additional physical therapy is not supported per MTUS guidelines. Therefore, the request as submitted is not medically necessary.