

Case Number:	CM14-0005922		
Date Assigned:	02/07/2014	Date of Injury:	02/15/2012
Decision Date:	06/20/2014	UR Denial Date:	01/09/2014
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 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 injured worker is a 52-year-old male with a reported date of injury on 02/15/2012. The worker was injured when he was hit by a large, heavy steel cable on the right anterior chest area, knocking him to the ground. He was found to have 3 rib fractures, renal laceration, right transfer processes and fractures from L1 to L5 and right sacral ala. The progress note dated 01/14/2014 listed the diagnoses as mild cervical spine degenerative disc disease with chronic cervicgia, left knee pain/chondromalacia patella with chronic pain, myofascial pain, history of lumbar transverse process fractures with chronic back pain, and left lateral epicondylitis, and history of right rib fracture with residual pain. The progress note dated 04/04/2014 noted the injured worker had a positive straight leg raise on the right side and a negative straight leg raise on the left side. The progress note also reported that sensation was intact to light touch and pinprick at the bilateral upper and lower limbs. Strength in the bilateral upper and lower limbs was 5/5 with normal tone. The progress note also reported the cervical and lumbar spines had decreased range of motion due to pain. The Request for Authorization dated 12/24/2013 was requesting 12 sessions of physical therapy due to chronic low back pain with radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSION TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, PHYSICAL MEDICINE, 98-99

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

Decision rationale: The request for 12 physical therapy sessions to the lumbar spine are non-certified. The injured worker reported that he had tried medications, physical therapy, and acupuncture for his pain. The California Chronic Pain Medical Treatment Guidelines recommends 8 to 10 visits over 4 weeks of physical therapy due to radiculitis. The injured worker claimed his previous physical therapy was not for his lumbar spine; however, there is a lack of documentation indicating which region of the body physical therapy or acupuncture were performed. There is a lack of documentation indicating the injured worker had significant functional deficits. Therefore, the request is non-certified.