MAXIMUS Federal Services

Case Number:	CM14-0008890		
Date Assigned:	02/12/2014	Date of Injury:	07/13/2009
Decision Date:	08/04/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine 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:

The patient is a 55-year-old female who has submitted a claim for neck pain, middle back pain and lower back pain associated with an industrial injury date of July 13, 2009. Medical records from 2011 to 2014 were reviewed, which showed that the patient complained of neck pain and back pain, radiating to both upper and lower extremities. Pain was rated at 4-7/10. On physical examination, there was noted slight ROM limitation with pain. Palpation of the spine revealed pain along the thoracic and lumbar vertebrae and sacroiliac joints. Treatment to date has included chiropractic treatment and physical therapy. A utilization review from January 9, 2014 denied the request for physiotherapy; six (6) visits for the back because given the 2009 date of injury, the number of completed physiotherapy sessions was not indicated in the medical records. Furthermore, continued benefit of physiotherapy was likewise not documented. There is no indication for continued physiotherapy in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy; Six (6) Visits for the Back: Upheld

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

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

Decision rationale: According to pages 98-99 of the Chronic Pain Medical Treatment Guidelines, 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 are paramount. In this case, the number of completed physiotherapy sessions was not indicated in the medical records. Furthermore, continued benefit of physiotherapy was likewise not documented. The patient should be well-versed on independent exercises by now. In addition, the patient is expected to continue active therapies at home in order to maintain improvement levels. There is no indication for continued physiotherapy; therefore, the request for Physiotherapy; Six (6) Visits for the Back is not medically necessary.