

Case Number:	CM14-0009511		
Date Assigned:	07/02/2014	Date of Injury:	01/31/2011
Decision Date:	08/27/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/23/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 40-year-old male who was reportedly injured on January 31, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 19, 2014, indicated that there were ongoing complaints of significant back pain. The physical examination demonstrated significant muscle spasm, tenderness to palpation and decreased range of motion. Diagnostic imaging studies objectified the surgery completed. Previous treatment included lumbar surgery, utilization of a cane for ambulation and physical therapy. A request was made for additional physical therapy and was not certified in the pre-authorization process on January 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POSTOPERATIVE PHYSICAL THERAPY 3X6 TO LOWER BACK:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the date of injury, the injury sustained, treatment completed to date, and the surgical intervention there is a clinical indication to complete physical therapy

within 6 months from the date of surgery. However, it is not clear what postoperative rehabilitative physical therapy was completed. Therefore, when taking note of the data outlined in the guidelines and by the physical examination reported, there is no medical necessity established for this additional physical therapy.

PHYSICAL THERAPY LEFT SHOULDER AND LEFT WRIST 2X6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: Based the date injury, treatment completed to date, the current physical examination, the metaphysical therapy completed and the ACOEM guidelines there is no clinical indication presented to support additional physical therapy at this time. The range of motion reduced is rather full, and as noted in the guidelines, there are additional gains to be made to become with a home exercise protocol. Therefore, there is no medical necessity presented for this request.