MAXIMUS Federal Services

Case Number:	CM14-0009981		
Date Assigned:	02/21/2014	Date of Injury:	03/28/2013
Decision Date:	08/06/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/24/2014

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:

This is a 58-year-old male with a 3/28/13 date of injury. The mechanism of injury was due to a motor vehicle accident. In a 12/16/13 progress note, the patient complained of right flank pain. He stated the pain is made worse with lifting more than 10 pounds and performing repetitive bending, twisting, and stooping about the spine and with prolonged standing. Objective findings: The patient ambulates into the office without difficulty, normal range of motion about the thoracic spine in regard to flexion, extension, and rotational movements and about the lumbar spine, some tenderness in the right flank. Diagnostic impression: Chronic strain, abdominal wall, right flank. Treatment to date: medication management, activity modification, chiropractic treatment, physical therapy. A UR decision dated 12/26/13 denied the requests for MRI for abdominal wall and 12 physical therapy units. The provider is requesting an MRI of the abdominal wall, however rationale as to why this is requested is not specified. With regard to physical therapy, guidelines recommend 9 visits over 8 weeks for medical treatment, plus active self-directed home physical therapy. In this case, it is noted that the patient has previously completed 12 physical therapy visits with noted improvement. However, there is limited information submitted detailing the patient's response to the previously completed sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR ABDOMINAL WALL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Radiology.

Decision rationale: CA MTUS and ODG do not address this issue. According to The American College of Radiology, MRI of the abdomen is a proven and useful tool for the evaluation, assessment of severity, and follow-up of diseases of the abdomen. It should be performed only for a valid medical reason. MRI of the abdomen is an evolving technology involving a variety of pulse sequences and protocols that are continuously being modified and improved. The physician is requesting an MRI to evaluate the patient's right flank pain. There is no rationale as to why the patient needs an MRI as opposed to a CT scan. Therefore, the request for MRI for abdominal wall is not medically necessary.

(12) PHYSICAL THERAPY VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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: CA MTUS 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. In a 1/16/14 progress note, it is documented that the patient has already has 12 sessions of physical therapy in the past. Guidelines recommend 9 visits over 8 weeks for lumbar back pain. A specific rationale identifying why additional physical therapy sessions beyond the quantity supported by guidelines was not provided. There were no physical therapy submitted for review to identify specific and sustained functional benefit and to identify a plan of care including progress towards long therm goals. Furthermore, there is no rationale as to why continued gains cannot be made through a home exercise program. Therefore, the request for (12) Physical Therapy visits is not medically necessary.