MAXIMUS Federal Services

Case Number:	CM14-0101734		
Date Assigned:	09/16/2014	Date of Injury:	06/10/2010
Decision Date:	12/30/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/01/2014

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 Family Medicine and is licensed to practice in New York and New Jersey. 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 who was injured on 6/10/10 after moving cardboard and hurting his leg. He was put on light duty and then injured his back. He complained of pain and spasm of unspecified body region. On exam, the patient had tender lumbar spine, positive straight leg raise, and good heel-toe walk. The patient was diagnosed with degenerative disc disease at L4-L5 and L5-S1 and sciatica. Treatment included physical therapy and functional restoration. CT, MRI of spine and TENS unit were recommended. The current request is for additional lumbar physical therapy. The limited chart did not provide more than one handwritten progress note. Most information was taken from the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Physical Therapy 3 X 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is considered not medically necessary. The limited chart had one hand-written progress note. Most of the information was taken from the UR. According to

the UR, the patient has had physical therapy in the past with requests for more that was not authorized. There are not records of physical therapy notes, the patient's response to the therapy, how many sessions were attended, and if a home exercise program was initiated. At this point, the patient should be proficient at a home exercise program. Therefore, the request is considered not medically necessary.