

Case Number:	CM14-0102949		
Date Assigned:	07/30/2014	Date of Injury:	05/20/2013
Decision Date:	08/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/03/2014

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 records, presented for review, indicate that this 55 year old female was reportedly injured on May 20, 2013. The mechanism of injury was noted as being involved in a motor vehicle collision. The most recent progress note, dated July 17, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated: a 5'4, 227 pound individual who was noted to be obese and in no acute distress, normal gait pattern was reported, evaluation of the lumbar spine noted muscle spasm was absent, tenderness to palpation was also noted to be absent, no guarding was noted, and range of motion noted no change, no specific findings were noted to motor and sensory examinations, deep tendon reflexes were equal bilaterally and intact. Diagnostic imaging studies were not reviewed. Previous treatment included physical therapy, multiple medications, and aquatic care. A request was made for physical therapy and was not certified in the preauthorization process on July 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x per Week x 3 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (Updated 6/10/14); Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 288.

Decision rationale: When noting the date of injury sustained, the physical therapy order completed, and the parameters outlined in the Medical Treatment Utilization Schedule (MTUS), there is no clinical indication to repeat six sessions of physical therapy to instruct as an assessed protocol. As such, the medical necessity for this request has not been established.