

Case Number:	CM14-0103347		
Date Assigned:	07/30/2014	Date of Injury:	11/15/2005
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
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 injured worker is a 57-year-old male who was reportedly injured on 11/15/2005. The mechanism of injury was noted as an industrial injury. The most recent progress note dated 5/20/2014, indicated that there were ongoing complaints of low back pain and left lower extremity pain. The physical examination stated no acute distress, stable findings on the compensable injury of the low back, left knee, and both hips. No neurological deficits were noted. No recent diagnostic studies are available for review. Previous treatment included injection, medications, physical therapy and conservative treatment. A request was made for physical therapy #8 and was not certified in the pre-authorization process on 6/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, 2 Times a Week for 4 Weeks: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis

and recommends a maximum of 10 visits. The injured worker has multiple chronic complaints and review of the available medical records failed to demonstrate an improvement in pain or function. The injured worker underwent previous sessions of physical therapy and in the absence of clinical documentation to support additional visits. Also, there was a documentation of any radicular symptoms on physical exam. Therefore, this request is not considered medically necessary.