

Case Number:	CM14-0106380		
Date Assigned:	07/30/2014	Date of Injury:	12/26/2013
Decision Date:	10/08/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 34 year old patient had a date of injury on 12/26/2013. The mechanism of injury was he slipped and fell onto cement floor. In a progress noted dated 5/7/2014, subjective findings included pain medication improving his condition. The patient states that physical therapy has not changed his condition. Pain is 6/10 and is present 90% of the time. On a physical exam dated 5/7/2014, objective findings included being on Percocet and Lidoderm patches. He is allergic to Baclofen. The diagnostic impression shows discogenic low back pain. His treatment to date includes medication therapy, and behavioral modification. A UR decision dated 6/17/2014 denied the request for Physical therapy 2 times a week for 5 weeks for lumbopelvic area, stating that the previous 4 PT sessions attended did not subjectively change the patient's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 5 weeks; Lumbopelvic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition; Low Back-Lumbar & Thoracic (Acute & Chronic); Hip & Pelvis (Acute & Chronic) ; Physical Therapy

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) Chapter 7 pg 114

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. 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. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG recommends 10 visit over 8 weeks for sprains and strains of the sacroiliac region. On a progress note dated 5/7/2014, the patient was noted to have completed 3-4 physical therapy visits and also given medications. He states that the medications helped his pain, but physical therapy did not. Furthermore, guidelines recommend 10 visits maximum for sprains and strains of sacroiliac region, and an additional 10 visits would exceed the maximum number of visits recommended. Therefore, the request for physical therapy 2x/week for 5 weeks for lumbopelvic area is not medically necessary.