

Case Number:	CM14-0108824		
Date Assigned:	08/01/2014	Date of Injury:	04/20/1999
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/14/2014

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 65-year-old female was reportedly injured on April 20, 1999. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 27, 2014, indicated that there were ongoing complaints of chronic pain syndrome and depression. The physical examination demonstrated the patient to be alert and oriented. No clubbing, cyanosis or significant edema of extremities. No recent diagnostic studies are available for review. Previous treatment included medication and conservative treatment. A request was made for physical therapy two times a week for six weeks (twelve visits) for low back pain and was not certified in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 6 sessions for chronic low back pain: Upheld

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

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

Decision rationale: MTUS Guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of ten 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 treating physician has requested twelve sessions of physical therapy which exceeds MTUS Guidelines. In the absence of clinical documentation to support additional/excessive request of visits, this request is deemed not medically necessary.