

Case Number:	CM14-0109839		
Date Assigned:	08/01/2014	Date of Injury:	08/30/2011
Decision Date:	09/09/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/15/2014

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 58 year old male was reportedly injured on 8/30/2011. The mechanism of injury is undisclosed. The most recent progress note, dated 6/26/2014, indicated that there were ongoing complaints of low back and left elbow pains. The physical examination demonstrated lumbar spine limited range of motion with pain, moderate paralumbar spasms, straight leg raise test was positive on the left and negative on the right, left elbow range of motion 0 to 125 degrees, and mildly restricted supination while pronation is full. No recent diagnostic studies are available for review. Previous treatment included bracing, medication, and conservative treatment. A request was made for physical therapy of the lumbar spine two times a week for eight weeks quantity of sixteen and was not certified in the preauthorization process on 7/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x a Week x 8 weeks for the Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines.

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

Decision rationale: Medical Treatment Utilization Schedule (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 claimant has chronic complaints of low back pain and review of the available medical records failed to demonstrate an improvement in pain or function. It is unclear whether the injured worker has had previous physical therapy. The treating doctor has requested eighteen sessions of physical therapy. This request is excessive and exceeds guideline recommendations. Without supporting documentation for the necessity of such a request to support additional visits, this request is not considered medically necessary.