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| Case Number: | CM14-0013158 | | |
| Date Assigned: | 02/24/2014 | Date of Injury: | 02/17/1999 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/03/2014 |
| Priority: | Standard | Application Received: | 02/03/2014 |

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 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:

The underlying date of injury in this case is 02/17/1999. As of 12/05/2013, a PR-2 report noted the diagnosis of lumbar sprain, medial meniscus derangement, and lateral meniscus derangement. The patient was noted to be status post an L5-S1 fusion in 2007 and to have increasing low back pain currently. On exam the patient was tender with decreased range of motion and with lumbosacral spasm. A prior MRI was noted which showed mild degenerative disc disease as well as stenosis at L4-5. Patient was felt to be permanent and stationary. Physical therapy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY X 4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; PHYSICAL MEDICINE GUIDELINES, ,

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommends to transition

to active self-direct home physical medicine. Given the chronicity of this injury, 4 visits of physical therapy noted to review and modify the patient's existing home exercise program would be supported by the treatment guidelines. This request is medically necessary.