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| Case Number: | CM14-0014867 | | |
| Date Assigned: | 02/28/2014 | Date of Injury: | 03/05/2013 |
| Decision Date: | 06/27/2014 | UR Denial Date: | 01/22/2014 |
| Priority: | Standard | Application Received: | 02/05/2014 |

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 this 25-year-old female was injured on March, 2013. The current diagnosis continues to be ongoing low back pain. There are no new injuries, physical therapy is continuing, and the reported mechanism of injury is noted as lifting a 150 pound sack of document. The physical examination notes an obese individual in no acute distress. There is tenderness to palpation a lumbar spine. There is pain with motion. The claimant continues to complain of low back pain on a daily basis.  

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKS TO LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: When considering the date of injury, noting the reported mechanism of injury, the objectification of a previous/chronic low back injury, the amount of physical therapy already completed and taking note of the current physical examination reported, there is no

clinical indication for any additional formal physical therapy at this time under the American College of Occupational and Environmental Medicine. Transition to a home exercise protocol, achieving an ideal body weight and establishing an overall conditioning scenario is all that is indicated at this time. As such, the request for physical therapy two (2) times a week for four (4) weeks to lumbar spine is not medically necessary and appropriate.