

Case Number:	CM14-0014962		
Date Assigned:	02/28/2014	Date of Injury:	07/28/2010
Decision Date:	06/27/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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 Family Practice and is licensed to practice in California, Tennessee, Florida. 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 injured worker is a 32 year old male whose date of injury is 07/28/2010. Progress note dated 08/29/13 indicates that the injured worker underwent epidural steroid injection on 07/08/13 for diagnosis of L4-5 spondylosis. He describes pain primarily in his right buttocks. He did undergo 6 physical therapy visits which he indicated were of some benefit. He was recommended for additional physical therapy. Note dated 10/08/13 indicates that the injured worker is performing a home exercise program and is participating in pool therapy. Note dated 12/19/13 indicates that the injured worker complains of increasing pain and is now ambulating with a cane. He underwent prior hip surgery in 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES 6 FOR THE SPINE AND LEFT HIP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

Decision rationale: There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The injured worker's response to prior physical

therapy is not documented to establish efficacy of treatment. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. Therefore, the request for therapy 3 times 6 for the spine and left hip is not medically necessary.