

Case Number:	CM14-0017472		
Date Assigned:	04/14/2014	Date of Injury:	12/04/1989
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/11/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is an 89-year-old female with a date of injury of 12/04/1989. According to report dated 12/27/2013 by [REDACTED], patient presents with chronic low back pain. The treating physician states that physical therapy continues to be very beneficial to the patient regarding pain relief. Physical therapy has improved muscle and range of motion and balance. With this decreased pain, the patient is able to be more mobile and sleep better. There is no physical examination of the lumbar spine. The treating physician requests authorization for physical therapy 1 time a week for 12 weeks and a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, TWELVE (2) SESSIONS FOR THE LOW BACK: Upheld

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

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

Decision rationale: For physical medicine, the MTUS Guidelines recommend for myalgia and myositis type symptoms, 9 to 10 visits over 8 weeks. In this case, review of the reports that

included 4 progress reports only, do not show how many physical therapy sessions the patient has received to date. However, each progress report from 08/02/2013 to 12/27/2013 indicates that the patient is participating in physical therapy. However, there is no discussion as to how the patient is doing and although additional therapy is requested, no discussion regarding why more therapy is needed. Given that the patient is not post-operative, the requested 12 sessions exceeds what is allowed per MTUS guidelines for this type of condition.