

Case Number:	CM14-0110545		
Date Assigned:	08/01/2014	Date of Injury:	07/17/2000
Decision Date:	09/03/2014	UR Denial Date:	07/09/2014
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 63-year-old male was reportedly injured on July 17, 2000. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated July 24, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. Current medications include Allopurinol, Fluoxetine, Gabitril, Lovastatin and Ultram. The physical examination demonstrated decreased sensation of the right lower extremity along the medial aspect of the thigh. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a lumbar laminectomy, physical therapy, home exercise, and independent pool therapy. A request was made for chiropractic care, physical therapy, and pool therapy and was not certified in the pre-authorization process on July 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Sessions (x4): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Methods Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 58-59.

Decision rationale: According to the previous utilization management review, the injured employee had been receiving ongoing care without functional improvement. However, according to the available medical record, the injured employee has previously received chiropractic care with restoration to normal levels of activity. Considering this, this request for four sessions of chiropractic care is medically necessary.

Physical Therapy (x12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: According to the available medical record, the injured employee has participated in physical therapy. There was no indication why the injured employee should revisit physical therapy rather than continue with a home exercise program as recommended by The American College of Occupational and Environmental Medicine. Without additional justification, this request for twelve sessions of physical therapy is not medically necessary.

Pool Therapy (x48): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: According to the available medical record, the injured employee is currently participating in an independent pool exercise program. There is no justification provided why the injured employee needs a supervised formal aquatic therapy program rather than continuing to perform pool exercise independently. Therefore, this request for 48 visits of pool therapy is not medically necessary.